

2022-23 Pilgrim Lutheran Before School and After School Care Application



1731 St. Agnes Dr. Green Bay WI 54304-3099

Enrollment Information:

| Name of Child: | | | | | |
|-----------------------------------------------------------------------|-----------------------|----------------------------|----------------------|------|--|
| Last | | rst | Middle | | |
| Address: | | | Zip | | |
| Email: | | | | | |
| Cell Phone: Father | | Mo | other | | |
| Home Phone: | En | nergency Pho | one: | | |
| | | | call in an emergency | | |
| Enrollment date: | Grade: | | | | |
| Father's Work Phone: | | Mother | 's Work Phone | | |
| Employer: | Employer: | | | | |
| Occupation: | | | tion: | | |
| Date of Birth: List | any allergies | to foods or r | medicines: | | |
| Child's Physician or Medical Facili | ty: | | | | |
| | 's Name: Clinic Name: | | | | |
| Address: | Phone: | | | | |
| Parent Information: | | | | | |
| Father: | N | Aother: | | | |
| If address is different note below: | | | | | |
| Address: | A | ddress: | | | |
| Child lives with: Both Parents Who is authorized to pick up your c | Father _ | | | | |
| | | | | | |
| Please circle the times your child would | d attend: (FEE) | S ARE SUBJE | ECT TO CHANGE) | | |
| | After Scho | ol Care Co | sts | | |
| | Kindergart | ten – 8 th Grac | <u>le</u> | | |
| Early Pickup | 3:15-4:30 | (Mon - Fri) | \$35 (3-days) | | |
| | 3:15-4:30 | (Mon - Fri) | , , | | |
| Late Pickup | 3:15-5:30 | (Mon – Fri) | | | |
| | 3:15-5:30 | (Mon - Fri | \$65 (5-days) | | |
| | Before Scho | ool Care Co | osts | | |
| | Kindergart | ten – 8 th Grac | <u>le</u> | | |
| 6:30-8:00 |) am | (Mon - Fri) | \$35 (3-days) | | |
| 6:30-8:00 am | | (Mon - Fri) | \$40 (5-days) | | |
| A non-refundable annual fee of \$15.00 show | ıld accompany t | he enrollment f | form. Amt. Pd | Date | |
| Enrollment is limited and accepted on a fir | | | | | |
| Please call the us at 965-2244, if you have a | | | | | |