



Pilgrim Lutheran Before School and After School Care Application Form

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



**Enrollment Information:**

Name of Child: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

*\*Person to call in an emergency other than parent*

Enrollment date: \_\_\_\_\_ Grade: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ List any allergies to foods or medicines: \_\_\_\_\_

**Child's Physician or Medical Facility:**

Doctor's Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent Information:**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

*If address is different note below:*

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Who is authorized to pick up your child? \_\_\_\_\_

*Please circle the times your child would attend: (FEES ARE SUBJECT TO CHANGE)*

***After School Care Costs***

Kindergarten - 8<sup>th</sup> Grade

Early Pickup	3:15-4:30	(Mon - Fri)	\$31 (3-days)
	3:15-4:30	(Mon - Fri)	\$52 (5-days)
Late Pickup	3:15-5:30	(Mon - Fri)	\$46 (3-days)
	3:15-5:30	(Mon - Fri)	\$62 (5-days)

***Before School Care Costs***

Kindergarten - 8<sup>th</sup> Grade

6:30-8:00 am	(Mon - Fri)	\$32 (3-days)
6:30-8:00 am	(Mon - Fri)	\$38 (5-days)

A non-refundable annual fee of \$15.00 should accompany the enrollment form. Amt. Pd \_\_\_\_\_ Date \_\_\_\_\_

Enrollment is **limited** and accepted on a **first-come/first serve** basis. Return this form and the fee to the School Office.

Please call the us at 965-2244, if you have any questions.

Revised 4/21/20