



Grace School-Age Childcare

BEFORE & AFTER SCHOOL CHILD CARE
SUNSATONAL SUMMER CAMP



We are now accepting registration
for the 2010-2011 school year.

Hours:

~6:30 AM-Start of school ~
~ End of school –6:00PM~
(No AM Care at Lakeshore)

Cost: \$3.40 per hour

**2 or more children from the same family \$3.15 per
child per hour**

Registration fee:

\$50.00 per child, \$60.00 per family

This program offers students in Kindergarten through sixth grade (5-12 years of age) an opportunity to participate in activities focused on self-esteem, social interaction, communication skills, creative expression and physical activities.

Please fill out the attached registration form and return it to the program site or mail to P.O. Box 287 Sky Park Blvd. Eau Claire WI 54702. If you have any questions regarding the program , please contact Nancy Fliehr at 832-3039 or nfliehr@graceluthfound.com

2010-2011 Grace School-age Childcare Program Before and After School Registration Form

Return to

program site or P.O. Box 287 Sky Park Blvd. Eau Claire WI 54702

Grace Lutheran Foundation reserves the right to discontinue or modify services with 30 days notice.

Deposit

A deposit of \$100.00 for family and \$50.00 for single. This will be applied to your last statement of the school year. In the event that you have a credit a refund will be sent to you.

Rate

You will be charge an hourly rate of \$3.40 (family rate of \$3.15 per child). After the first hour, charges will be based on half-hour increments. You must use the program a minimum of 3 hours a week or pay \$10.20 per child (family rate \$9.45 per child). Parents will sign in and out of the program and these records will be utilized to bill parents. If you discontinue care for any amount of time you will need to re-enroll in the program if space is available. To re-enroll your child you must pay the registration fee again.

Non School Days

We will try to provide care on the half days of teacher in-service. These are services that you must sign up for as they approach. For other vacation days, child care services are provided if there is enough interest .

Billing Cycle

You will be billed at the end of the month for the sessions that you have used. The billing statement will be sent to your home and payment is due by the 15th of each month. In the event that payment has not been made your deposit will be used to cover your charges and services will be suspended until the deposit is repaid.

Knowing you have been accepted

Once you have turned in the registration form along with your NON-REFUNDABLE registration fee, you will receive a billing statement detailing your paid registration fee. (You are only registered if you have paid this fee.) Along with this you will be advised of what your deposit will be.

You may pay this deposit at any time however it must be paid by June 15,2010.

**If you have any questions please do not hesitate to contact me at
832-3039 or nfliehr@graceluthfound.com**

**Return to
program site or
P.O. Box 287
3410 Sky Park
Blvd. Eau Claire**

Parent Name & Email Address _____

Address _____

_____ zip _____

Home Phone _____

Mom's work# _____ Mom's cell# _____

Dad's work# _____ Dad's cell# _____

Child's Name _____

Sex _____ Birthdate _____

Emergency Contact

Name Phone (home/work) Relationship to Child

Doctor: _____

Phone: _____ Clinic: _____

Hospital Choice: _____

Allergies: _____

Has your child ever been stung by a bee? _____ Yes _____ No

I hereby give my consent for emergency medical care treatment,
to be used only if I cannot be reached immediately.

Signature of Parent: _____

Date: _____

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Do you receive W-2 funding for your childcare? Yes No

Case workers name and phone number _____

Please advise us if you need your billing statement
divided between Mother and Father.

Child's Name _____

Birth date ___/___/___ Grade for 10-11 school year ____
school child attends _____

Currently enrolled in program Yes ___ NO ___

Child's Name _____

Birth date ___/___/___ Grade for 10-11 school year ____
School child attends _____

Currently enrolled in program Yes ___ No ___

Tentative Schedule

M T W T F AM Drop off time _____

(No AM Care at Lakeshore)

M T W T F PM Pick up time _____

Non-refundable registration fee of \$50.00 per child/\$60.00 per family must accompany
this form in order to hold your spot for 2010-2011 school year. Current enrollment DOES
NOT guarantee a spot for 2010-2011, so please register soon.

Space is limited!