

Child's Names										
Child's Name:							Date of Birth:			
l	Male Female						Month Starting Care:			
Parents Names:										
Email Address:										
Cell Phone and Cell P	rovider:									
Home Address:										
Mother's Place of Work:						1	Mother's Work Phone:			
Father's Place of Work:						1	Father's Work Phone:			
Primary Language Sp	oken at Home:									
Does your child have	special needs or cond	cerns?	Yes		No					
If yes, explain:										
Describe any birthma	arks, scars or other id	entifiable feature	es (List siz	ze, sha	pe and locatio	on on bod	y):			
How did you hear ab	out Peace Lutheran E	arly Child Care C	enter?							
Are you a member o	f Peace Lutheran?] Yes		No					
If no, where is your p	lace of worship?									
Is your child baptized	I/dedicated?		Yes		No					
PRICING:						Choose Your Days/Times:				
							Center hours are 6:30am-6:00pm			
]	Daily Rate	\$54]	Drop Off Time	Pick Up Time	
	Weekly Rate	\$268/wee	k				Monday			
	Hourly Rate	\$9/hour					Tuesday			
20% discount, on fees ONLY, for second child and thereafter							Wednesday			
							Thursday			
							Friday			
							L (Occasional	changes to this sche	dule may be made	
								if space is availab		

Fees must be paid monthly or late fees will be applied

If you fail to provide 24 hours notice for any absences, you will be billed for the originally scheduled hours, unless it is a closure initiated by the program.

If notice is not provided for non-school days you signed up for, you will be billed for those scheduled hours.

Signature

Date

A non-refundable registration fee of \$50 per child must be submitted with this registration form for NEWLY ENROLLING Preschool children who are here ONLY for the Summer.

(Preschool families do not need to pay if the child paid enrollment for 2023-2024 or 2024-2025 school year)