

Beautiful Savior Lutheran School and Early Learning Center

Enrollment Information for Child Care and Before & After School Care

(Please complete one form per child)

Student's Last Name _____ First Name _____

Address _____ City, State, Zip Code _____

Home Telephone Number _____ Work Phone _____

*** CHILD CARE PROGRAM (Infants, Toddlers, Jr. Preschool, Preschool & Pre-Kindergarten) ***

Please indicate below the days and times your child will be in child care:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

I will bring my child to Child Care at approximately _____ A.M. or P.M.

I will pick up my child from Child Care at approximately _____ A.M. or P.M.

Total hours per day my child will be in Child Care _____

*** * * BEFORE & AFTER SCHOOL CARE (BASC) Kindergarten through Sixth Grade * * ***

Please indicate below the days and times your child will be in child care:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

I will bring my child to Child Care at approximately _____ A.M. or P.M.

I will pick up my child from Child Care at approximately _____ A.M. or P.M.

Total hours per day my child will be in Before & After School Care _____

My child's first day will be: _____
Date

Parent/Guardian Signature: _____ Date: _____