**Application for Enrollment 2023-24**

***St. John’s Lutheran Early Learning Center 805 W. 5th St. Neillsville, Wi 54456 715-743-2501***

*Please fill out a separate form for each child.*

**CHILD INFORMATION**: (Please also include a copy of your child’s immunization records.)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Last | First | Middle |

|  |  |
| --- | --- |
| Date of Birth or Projected Due Date: | Click here to enter a date. |

|  |  |
| --- | --- |
| Address: | Click here to enter text. |

|  |  |
| --- | --- |
| Home Phone:  | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Baptized: | Choose an item. | Date: | Click here to enter a date. |
| Church: | Click here to enter text. | Denomination: | Click here to enter text. |

Place a check by your choice for all that apply for the 2023-24 School Year:

[ ] Infant/Toddler Care (6weeks - 3 years)

[ ] 3K (must be 3 by Sept. 1 and toilet trained) - am program only

[ ] 4K (must be 4 by Sept. 1 and toilet trained) – am program only

[ ] Afternoon Childcare – pm for preschool age students

[ ] Extended Care – before and after school hours

**FAMILY INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Mother: | Click here to enter text. | Father: | Click here to enter text. |
| Occupation: | Click here to enter text. | Occupation: | Click here to enter text. |
| Employer: | Click here to enter text. | Employer: | Click here to enter text. |
| Work Phone: | Click here to enter text. | Work Phone: | Click here to enter text. |
| Cell Phone: | Click here to enter text. | Cell Phone: | Click here to enter text. |
| Email: | Click here to enter text. | Email: | Click here to enter text. |
| Address(if different than child’s): | Click here to enter text. | Address(if different than child’s): | Click here to enter text. |

Child lives with: [ ]  Both Parents [ ]  Father [ ]  Mother: [ ]  Other Click here to enter text.

[ ]  *Check here if there is a special custody situation. Legal documentation needs to be on file.*

**SCHEDULING:**

***Infant/Toddler***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Mon.** | **Tues.** | **Wed.** | **Thurs.** | **Fri.** |
| **Drop Off Time** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Pick Up Time** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

***3K/4K***

|  |  |  |
| --- | --- | --- |
| Child will be attending 3K  | Choose an item. | days per week (Choose from 2 to 5). |

|  |  |  |
| --- | --- | --- |
| Child will be attending 4K  |   | days per week (Choose from 3 to 5). |

The days my child will be attending are: --

***Afternoon and/or Extended Care (School Aged Children)***

Please check time slots to approximately meet your scheduling needs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon. | Tues. | Wed. | Thurs. | Fri. |
| AM: 5:45-8:00 |[ ] [ ] [ ] [ ] [ ]
| PM: 11:00-3:00 |[ ] [ ] [ ] [ ] [ ]
| PM: 3:00-5:45 |[ ] [ ] [ ] [ ] [ ]

**ADDITIONAL INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Home Church:** | Name: | Click here to enter text. | Denomination:  | Click here to enter text. |
| City: | Click here to enter text. | Pastor:  | Click here to enter text. |

If you are not a member of St. John’s Lutheran Church, would you be willing to attend a series of classes on the doctrines and teachings of the Lutheran Church? (Attendance at these classes does NOT obligate you to become a member but may help you to better understand the teaching your child will be receiving.)

Click here to enter text.

|  |  |
| --- | --- |
| *How did you hear about St. John’s?* |  |

Persons authorized to pick up my child:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | Relationship to child: | Click here to enter text. |
| Name: | Click here to enter text. | Relationship to child: | Click here to enter text. |

Choose an item.I give permission for my child’s photograph to be used for advertisement on school website and social media.

Please notify the center when any of the above information changes.

Please list any additional information we should know about your child:

|  |
| --- |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | Click here to enter text. | Date: | Click here to enter text. |

***Emergency Information***

Dear Parent or Legal Guardian:

The well-being of your child is considered very important by our school. Frequently when children become seriously ill or injured we find it difficult to locate the parents, legal guardians, or the family physician (in case you cannot be reached) for immediate action. In order to make our health and safety programs more effective, we request your cooperation in filling out this report.

|  |  |  |  |
| --- | --- | --- | --- |
| Family Physician |   | Phone # |   |

Whom shall we notify in case we are unable to reach either mother, father, legal guardian or family physician?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (name) | Click here to enter text. | (phone) | Click here to enter text. | (relationship to child) | Click here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (name) | Click here to enter text. | (phone) | Click here to enter text. | (relationship to child) | Click here to enter text. |

I allow my child to receive Tylenol without notification. Only one dose of Tylenol can be given per day. (Dosage given according to age and weight.)

If emergency treatment is required, I authorize my child to be transported by ambulance to a hospital for treatment. I understand the ambulance reserves the right to transport the patient to the nearest hospital. I authorize physician(s) at the hospital to give emergency treatment to my child. The legal responsibility for ambulance conveyance expenses and for medical expenses incurred on behalf of my child is a parental one.

Please list any special requests you wish to make to help us aid your child in case of an emergency.

Click here to enter text.

Please notify the school whenever any of the above information changes.

DATE: Click here to enter a date. SIGNED: Click here to enter text.

 (parent or legal guardian)

***St. John’s Early Learning Center***

***Tuition and Fees 2023-24***

**3K/4K Tuition:**

Program runs from 8:00-11:00 Monday – Friday

Payments to be made biweekly.

2 Day - $774/year

3 Day - $1,008/year

4 or 5 Day - $1,170/year

**Infant/Toddler/Extended Care Fee Schedule:**

Payments to be made biweekly.

Ages: Rates per week for 2023-24:

6 weeks- 2 Years 1 -29 Hours - $5.00/hr

 30-39 Hours- $4.75/hr

 40-49 Hours- $4.60/hr

 50+ Hours - $4.50/hr

2 Years + 1- 29 Hours - $4.20/hr

30-39 Hours- $4.00/hr

40-49 Hours- $3.90/hr

50+ Hours – $3.80/hr

2nd Child Discount – 5%

3rd or more Child(ren) Discount – 20%