

**Little Lambs Christian Preschool
2018 - 19 Extended Care Program**

*****Children must be 2 years of age to attend p.m. Extended Care***

DATE: _____

CLASS ENTERING _____

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

Sex _____
First MI Last

Mailing Address: _____ City _____ Zip
Code _____

Previous School (If Applicable): _____

Parents or Guardians Home phone# _____ Work# _____

MEDICAL INFORMATION

Doctor: _____ Phone: _____

Allergies: _____

Medical Problems: _____

Medications: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

I WILL NEED EXTENDED CARE ON THE FOLLOWING DAYS:

MONDAY 8:00-9:00 a.m. _____

TUESDAY 8:00-9:00 a.m. _____

WEDNESDAY 8:00-9:00 a.m. _____

THURSDAY 8:00-9:00 a.m. _____

FRIDAY 8:00-9:00 a.m. _____

MONDAY 12:00-5:00p.m. _____

TUESDAY 12:00-5:00p.m. _____

WEDNESDAY 12:00-5:00 p.m. _____

THURSDAY 12:00-5:00p.m. _____

FRIDAY 12:00-5:00 p.m. _____

PERSONAL INFORMATION

Child will be released only to the custodial parent or legal guardian and person(s) listed below. The following people are authorized to remove the child from the facility if a custodial parent or legal guardian cannot be reached.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

I UNDERSTAND BY COMPLETING THIS FORM, I AM RESERVING A PLACE FOR MY CHILD IN THE Extended Care Program and agree to be billed on a monthly basis, at the rate of \$5.00 for early care/\$15 for after care (\$20 for both) per day for this **option even if my child is absent. (ill or on vacation)**...Extended care is based on enrollment (a reserved space), not attendance. If I find that I am no longer in need of this service, I will contact the Preschool office to cancel this option. I understand that Little Lambs follows the Bay County School calendar for days that school will be opened or closed.

Signature: _____ Date: _____

A REGISTRATION/SUPPLY FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION. ALL CHECKS ARE MADE PAYABLE TO LHUMC-EC