



St. Paul Lutheran School

Wraparound Care Registration 2018-2019

Please complete all pages of this registration form and return it to the Main Office along with the registration fee payment.

Student Information

Student Name: _____ Grade (for 2018-19) _____

Household Information

Name: _____ Email: _____

Relationship to Student: _____ Phone Number: _____

Name: _____ Email: _____

Relationship to Student: _____ Phone Number: _____

(The email addresses provided above will be included in wraparound care emails, electronic newsletters, and contact lists unless noted otherwise.)

Program & Pricing

Registration Fee: \$25.00 per family (non-refundable)

Wraparound Sessions Available: Please circle the desired care program. Care is billed each month based on the program selected. See billing policies in the Wraparound Care program handbook for full details.

2-Day A.M. Care - \$15 per week

3-Day A.M. Care - \$23 per week

2-Day P.M. Care - \$27 per week

3-Day P.M. Care - \$46 per week

2-Day A.M. & P.M. Care - \$37 per week

3-Day A.M. & P.M. Care - \$54 per week

5-Day A.M. Care - \$33 per week

Drop-In A.M. Care - \$12 per session

5-Day P.M. Care - \$66 per week

Drop-In P.M. Care - \$17 per session

5-Day A.M. & P.M. Care - \$89 per week

Drop-In A.M. & P.M. Care - \$23 per session

Days needed: (Please circle)

Monday

Tuesday

Wednesday

Thursday

Friday

Release Information

My child may be released to the following people (please do not list parents).

Name: _____ Cell Phone: _____

Relationship to Student: _____ Work Phone: _____

Name: _____ Cell Phone: _____

Relationship to Student: _____ Work Phone: _____

Emergency Information

In the event that we cannot reach either parent or guardian, please list the persons we may contact.

____ Check if the same as emergency contacts in TADS.

Name: _____ Cell Phone: _____

Relationship to Student: _____ Work Phone: _____

Name: _____ Cell Phone: _____

Relationship to Student: _____ Work Phone: _____

Parental Agreement

I, the undersigned, hereby enroll my child in the St. Paul Lutheran School Wraparound Care Program beginning on _____. It is understood that St. Paul Lutheran School assumes the responsibility for my child's well-being during the hours of care and will make every effort to contact the parent should any type of emergency arise. I agree that in case of accident or injury, emergency medical care may be given in the event that I (or designated persons) cannot be reached.

In addition:

- I have read the wraparound care handbook and agree to adhere to the program policies.
- I agree to pay for the full amount of wraparound care tuition by the designated billing date on my TADS billing account.
- I understand that failure to pay wraparound care tuition will result in a late fee and possible suspension of enrollment privileges.
- I further understand that overtime fees will be charged if I am late picking up my child at a rate of \$25 per session after previous warning has been given by the program director.

Signature

Date