

ST. PETER'S LUTHERAN SCHOOL

145 S. 6th Street
Waterford, WI 53185
262-534-6066

BEFORE & AFTER CARE REQUEST

CARE MUST BE RESERVED BY 12NOON ON THE FRIDAY BEFORE THE WEEK CARE IS NEEDED.

NEW - MONTHLY STATEMENTS WILL BE ISSUED BY THE SCHOOL AND CARE PAYMENTS WILL BE COLLECTED MONTHLY. CARE CAN BE CANCELED WITHOUT CHARGE ONLY IF NOTIFICATION IS RECEIVED NO LATER THAN 3:30P.M. (ON FULL DAYS OF SCHOOL) OR 11:20A.M. (ON EARLY RELEASE DAYS) THE DAY BEFORE CARE IS RESERVED. If care is canceled the day care is reserved, parents will be responsible for the care charge.

Name of Child(ren) _____ Grade(s) _____

Name of Parents _____ Home Telephone _____

Cell Phone (please indicate if it is mother's or father's cell number) _____

Mother's Employer _____ Phone: () _____

Father's Employer _____ Phone: () _____

I authorize the following people to pick my child up from the Before/After Care program. Identification may be required from this authorized person. If someone other than this person or the parent are picking up, we will need a signed note from the parent before we will release any child.)

_____ Telephone number _____

_____ Telephone number _____

_____ Telephone number _____

Care sessions: 7a.m.-9:15a.m. (School and Preschool) & 3:30p.m-5p.m. (School only)
Session fees: \$8 per session, per child for Before or After Care. When using Before or After Care on the same day the charge will be \$16 for both sessions on the same day.

____ Number of children needing care

Date(s) care needed _____

Time care is needed: From _____ To _____

Date(s) care needed _____

Time care is needed: From _____ To _____

Date(s) care needed _____

Time care is needed: From _____ To _____

Date(s) care needed _____

Time care is needed: From _____ To _____

Date(s) care needed _____

Time care is needed: From _____ To _____

AMOUNT PAID WITH THIS FORM:

\$ _____ Date _____

\$ _____ Date _____

\$ _____ Date _____

\$ _____ Date _____

\$ _____ Date _____

___ Number of children needing care

Date(s) care needed _____

Time care is needed: From _____ To _____

Date(s) care needed _____

Time care is needed: From _____ To _____

Date(s) care needed _____

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Time care is needed: From _____ To _____

AMOUNT PAID:

\$ _____ Date _____

\$ _____ Date _____

\$ _____ Date _____

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