

Good Shepherd Lutheran Childcare Registration Form

**Hours of Operation:
M-F 6:30am-6:00pm**

Year: _____ **Date of Registration** _____ **Registration Fee Amount (non-refundable)** _____ **Check #** _____

Are you a member of Good Shepherd? Yes No Ethnic Background _____ **Date of Baptism(s)** _____

Children(s) Name(s): (last, first, middle initial)	Address: (home, street, city, zip)	Phone Number: (home/cell) Please Specify	Date(s) of Birth:	First Day of Attendance:

PARENT/GUARDIAN---All parents/guardians are permitted to visit during school hours and are allowed to pick up the child unless access is prohibited or restricted by a court order.

Relationship to child:	Name:	Address: If same as above write "SAA"	Home/Cell: Please specify	Place of Employment:	Work Number:
Mother					
Father					

Marital Status: ___married ___divorced ___unmarried ___guardian ___widow(er)

Email Addresses: Mother _____ Father _____

EMERGENCY CONTACTS---(Person to be notified in an emergency when a parent cannot be reached) This person is also authorized to pick up

Relationship to child:	Name:	Address:	Home Phone:	Cell Phone:	Place of Employment & Work Number:

PHYSICIAN OR MEDICAL FACILITY:

Name:	Address:	Phone Number:
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By signing this form, I give Good Shepherd permission to call 9-1-1 in a life threatening emergency. I authorize emergency medical treatment to be given to my child.

Hospital Preference:	Name:	Address:	Phone Number:
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CHILD ILLNESS & EMERGENCY INFORMATION:

List any health concerns/allergies your child may have

ADDITIONAL FAMILY INFORMATION:

Church Denomination/Church Now Attending:	Father:	Mother:
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SIBLINGS:				
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Hourly Rates:

Under 2 years old: \$6.25 per hour Incidental Rate: \$7.25 per hour Over 2 years old: \$5.25 per hour Incidental Rate: \$6.25

Childcare Schedule: Please write hours needed

Mondays _____ **Tuesdays** _____ **Wednesdays** _____ **Thursdays** _____ **Fridays** _____

Where did you hear about Good Shepherd Lutheran Childcare:

Friend, neighbor, or relative **Other child previously enrolled (Childcare, Preschool, or Grade School)** **Sign** **Member of Good Shepherd**
 Web site www.goodshepherdluth.org **Other** _____

_____ **I give Good Shepherd Lutheran Childcare permission to take pictures of my child while they are in Childcare. The pictures will be used to send to parents during the day.**

Father's/Guardian Signature: _____ **Date:** _____

Mother's/Guardian Signature: _____ **Date:** _____

Good Shepherd Lutheran Childcare
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