

EXTENDED STUDENT CARE ENROLLMENT
Immanuel Lutheran School

Child(ren)'s Name(s) _____ Father _____

_____ Mother _____

Address _____

City/State _____ Zip _____

Home Phone _____ Father's Work _____ Mother's Work _____

Emergency Contacts _____ Phone Number _____

_____ Phone Number _____

I am enrolling my child(ren) for ESC on the following basis:

____ 2-day preschool (three year-olds), twice weekly from dismissal until 3:15 time slot

____ 2-day preschool (three year-olds), twice weekly from dismissal until 6:00 time slot

____ 3 - day pre-kindergarten (four year olds), three times weekly from dismissal until 3:15 time slot

____ 3 - day pre-kindergarten (four year olds), three times weekly from dismissal until 6:00 time slot

____ 5 - day pre-kindergarten (four year olds), five times weekly from dismissal until 3:15 time slot

____ 5 - day pre-kindergarten (four year olds), twice weekly from dismissal until 6:00 time slot

____ Student in K through 8th grade, generally on a regular basis

____ Student in K through 8th grade, on a drop-in basis or as the need exists

(Any pickup prior to 3:15 or 6:00 p.m. constitutes a full time payment slot. There are no partial periods or payments)

Additional Comments: