



## 2011-2012 Enrollment Application LAKESIDE EXTENDED DAY CARE

2111 Quail Lakes Drive  
Stockton, CA. 95207

**6:30 am to  
6:00 pm!**

To accommodate parents of students in our school who need after school day care, we offer a safe and wholesome environment for children through our extended day care program. Enrollment is limited to students enrolled at Lakeside Christian School K-8.

Day care is available: DAILY, EXCEPT HOLIDAYS.

Morning Day Care:           **6:30 a.m. to 7:45 a.m.**  
 Extended Day Care:       **6:30 a.m. to 6:00 p.m.**

RATES PER K-8 CHILD	Registration (non-refundable)	\$10.00 per child			
		1st Child	Sept-June 7	2nd child	Sept-June 7
		Monthly:	Total Charges	Monthly	Total Charges
Extended Day Care	6:30 a.m. to 6:00 p.m	\$78.00	722.00	68.00	632.00
Morning Day Care Only	6:30 a.m. to 7:45 a.m.	\$20.00	188.00	16.00	152.00
(June 1-7, 2012 prorated)	\$20.00, or \$8.00 morning only				

The payment is due on the 1st of each month. It will be beneficial for you to plan your need for extended day care now and, due to a limited number of openings available, return this form immediately. To enable us to do a quality job for those children who are enrolled on a regular basis for a minimum cost, we are unable to provide for occasional drop-ins and daily rates. . To provide greater safety, there will be a \$3.00 charge for each failure to sign in or out on any day.

### COMPLETE AND RETURN WITH YOUR REGISTRATION FEE PER CHILD

\_\_\_\_\_  
1st child's name / grade entering September 2011

\_\_\_\_\_  
2nd child's name / grade entering September 2011

Check if morning only:   

Check if morning only:   

\_\_\_\_\_  
Effective date to start

\_\_\_\_\_  
Effective date to start

The above Day Care charges will be added to my tuition account and divided into monthly payments ending May 1, 2012. I have read and agree to the terms stated above.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**(PLEASE COMPLETE REVERSE SIDE OF FORM, OFFICE WILL COMPLETE BELOW)**

Date Received \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Staff Initial \_\_\_\_\_ A/R # \_\_\_\_\_

Monthly Fee \_\_\_\_\_ Drop Effective \_\_\_\_\_ Receipt Number \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

2nd Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PLEASE LIST ALL PERSONS AUTHORIZED TO PICK UP YOUR CHILD:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

To the school: In case you are unable to reach me during an emergency, you are hereby authorized to contact, and if necessary, release my child to the persons listed above

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Friend or Neighbor \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name of Relative or Friend \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_ Medical Allergies \_\_\_\_\_

Please specify medical insurance that covers your child: Carrier \_\_\_\_\_

Member Name \_\_\_\_\_ Group/Policy # \_\_\_\_\_

In the event of an emergency, I hereby give my permission and consent for my child to be treated at an accredited emergency hospital and I release the school and driver from liability.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_