



2012-2013 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 13	2nd child	Sept – June 13	
	Monthly:	Total Charges	Monthly	Total Charges	
Extended Day Care	6:30 a.m. to 6:00 p.m	\$78.00	747.00	68.00	648.00
Morning Day Care Only	6:30 a.m. to 7:45 a.m.	\$20.00	198.00	16.00	158.00
(June 1-13, 2013 prorated)	\$45.00, or \$18.00 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 2012

2nd child's name / grade entering September 2012

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, 2013. 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 _____