

Welcome to the St. Peter's Child Care & Preschool

303 Park St., Arlington, WI 53911-0045 608 635-4825 stpeterschildcare.org

Nationally accredited since 2000 with **NAEYC**

National Association for the Education of Young Children

5 Star Rating WI *YoungStar*

A host site for the School District of Poynette's 4-K

A member of the Wisconsin Model Early Learning Standards



Please read carefully before signing your contract.....

Today's Date: _____ Child's first day of attendance _____
Child's Name _____ Date of Birth _____
Child's Home Addresses _____
Home Phone _____

PARENT OR GUARDIAN INFORMATION

Mother's name: _____
Address: _____
Place of employment: _____
Occupation: _____
Work Phone: _____
EMAIL ADDRESS WE CAN USE: _____
Father's name: _____
Address: _____
Place of employment: _____
Occupation: _____
Work Phone: _____
EMAIL ADDRESS WE CAN USE: _____
Contact #3 Required _____ **Relation** _____ **Phone** _____

NEEDED TIMES AND DAYS OF THE WEEK FOR ENROLLMENT

_____ Full Time Child Care & Preschool = \$140.00 week – Based on 40 hrs/wk
_____ Full Time Child Care & Preschool = 41 or more hours per week = \$150.00/wk
_____ Part Time Child Care = \$130.00 week/limited to 3 days/week & 30 hrs.
_____ Before & After School Care = \$50.00 week **PLUS**

_____ I agree to pay the hourly rate of \$3.75 for my school-ager if in attendance during no-school days.

Day of Week	Drop off / Pick Up	Total # Hours
_____ Monday	_____ until _____	_____
_____ Tuesday	_____ until _____	_____
_____ Wednesday	_____ until _____	_____
_____ Thursday	_____ until _____	_____
_____ Friday	_____ until _____	_____

I agree to pay for my child's contracted hours which is due the Friday before the upcoming week.

I have read and agree to uphold the St. Peter's Child Care Admissions and Fee Policy;
Parent/Guardian signature & Date: _____ Director's initials _____

OVER PLEASE FOR MORE NEEDED INFORMATION. THANK YOU.

06/10,10/13,05/14, 3/15

PICK UP AND DROP OFF PERSONS

Person(s) and telephone number(s) authorized to pick up and drop off child(ren)

Person(s) **NOT** authorized to pick up child(ren) _____

I agree, in keeping with WI state law, to telephone the Center within 15 minutes of drop off time in the event my child will be absent _____.

PERSONAL HISTORY

Has your child had a previous day care or preschool experience?

Does your child have any known allergies?

Are there any special food or eating instructions?

I agree to return the provided health forms within 10 days. Int: _____.

Are there any medical issues we need to be aware of?

Is your child potty trained? _____

I agree to communicate with staff my wishes on my child's potty training and I agree to supply diapers and wipes as needed for Center's use. Int: _____.

Are you an active member at a church? If so, where? _____.

St. Peter's Lutheran likes to celebrate the work and learning within the Center and Preschool. Throughout the year photographs may be taken for such purposes. I understand that the pictures will be used for the purpose of postings to St. Peter's Lutheran websites, newsletters, and other congregational purposes. Int: _____.

I understand the St. Peter's Child Care & Preschool, with all its programs within, is a religious Center and upholds the church Bi-Laws of the Lutheran Church Missouri Synod. Int: _____.

I agree to take advantage of Parent/Teacher conferences and to work together as a team between teachers, parent and child in order to help meet the needs and interests of my child, helping to insure him/her every opportunity for healthy growth socially, cognitively, physically and spiritually.

Parent/Guardian signature

Date

06/10, 10/13, 05/14, 3/15