

## ELM GROVE LUTHERAN CHILD CARE REGISTRATION/EMERGENCY INFORMATION

**Today's Date (mm/dd/yyyy):** \_\_\_\_\_ **Billing:** \_\_\_\_\_ Monthly (1<sup>st</sup>) \_\_\_\_\_ Bi Monthly (1<sup>st</sup> & 15<sup>th</sup>)

**Child's Name:** \_\_\_\_\_ **Date of Birth (mm/dd/yyyy):** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School Attending:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_ **Employer Address:** \_\_\_\_\_

**Employer Zip Code:** \_\_\_\_\_ **Employer Zip Code:** \_\_\_\_\_

**Work Hours:** \_\_\_\_\_ **Work Hours:** \_\_\_\_\_

**Business Phone #:** \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**CARE NEEDED BEGINNING:** \_\_\_\_\_ **Attending EGL School (Y/N):** \_\_\_\_\_

Day of Week Care Needed	Before School*	Full Day*	After School*
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

\*Please include the hours of care needed in each category

### RATES

**PRE/SCHOOL:**

Full Day (3-5 years old – Not attending EGL) \$50  
 Full week (3-5 years old – Not attending EGL) \$225  
 Full Day (6+) \$40  
 Before/After School (6+) \$6/hr  
 Full Week (w/ PK3) \$190  
 Full Week (w/ PK4) \$175  
 After PK3 or PK4 \$40

**INFANT/TODDLER :**

Full week \$300  
 Full Day \$65  
**ANNUAL REGISTRATION:** \$50  
 \$75 / Family

Rev 11/18/19

Office Use Only: Approved Initials \_\_\_\_\_



**PERSONS OTHER THAN PARENTS TO BE CONTACTED IN CASE OF EMERGENCY**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**PERSONS AUTHORIZED TO CALL OR PICK UP YOUR CHILD OTHER THAN PARENTS**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Driver's License #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Driver's License #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**MEDICAL INFORMATION**

**Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Dentist:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Health Insurance Carrier:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

Please describe any special health concerns/allergies:

Please describe any special instructions to be used in the case of emergency:

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**EMERGENCY MEDICAL CONSENT:**

I, \_\_\_\_\_ as parent/guardian of \_\_\_\_\_, hereby authorize Elm Grove Lutheran Childcare by and through its officers, agents, or employees to remove the above minor child from its premises for the purpose of obtaining emergency medical treatment if the need so arises. I further agree that Elm Grove Lutheran Childcare is hereby authorized to procure whatever emergency medical treatment that may be necessary, either through a duly licensed physician, dentist, and/or a duly accredited hospital or clinic. It is also understood that I will hold Elm Grove Lutheran Childcare harmless for the nature, performance, and outcome of any such emergency medical treatment and that the determination of whether an emergency has arisen, within the terms of this agreement, shall be left to the sole discretion of Elm Grove Lutheran Childcare. This agreement remains in effect until I revoke said information and/or permission in writing.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_