

School-Age Children

ST. JOSEPH'S (HILL) LUTHERAN CHURCH DAYCARE CENTER
244 Koch Road, Boyertown, PA 19512
610-367-1980 / hillchurch@ptd.net
Robin Schmale, Director

Registration \$ _____ Date _____

Start Date: _____

Day Care Agreement Effective June 5, 2023 - June 7, 2024

Child's Name: _____

SUMMER SCHEDULE: (June 5, 2023-August 18, 2023) *Please Note: I need to extend my child's current school year ending date to _____ with a return date for 2022 – 2023 school year of _____.*

Please do not write in fees.

Times child will attend: Monday Arrival Time: _____ Pick Up Time: _____
Tuition Fee: Tuesday Arrival Time: _____ Pick Up Time: _____
 Wednesday Arrival Time: _____ Pick Up Time: _____
 Thursday Arrival Time: _____ Pick Up Time: _____
 Friday Arrival Time: _____ Pick Up Time: _____

Tuition Fee \$ _____
**Due Weekly, Monday
for the current week.**
 Family Discount

SCHOOL YEAR SCHEDULE: (August 21, 2023 - June 7, 2024)

SCHOOL DISTRICT/ELEMENTARY SCHOOL CHILD will attend: _____ **GRADE:** _____

Times child will attend: Monday Arrival Time: _____ Pick Up Time: _____
 Tuesday Arrival Time: _____ Pick Up Time: _____
 Wednesday Arrival Time: _____ Pick Up Time: _____
 Thursday Arrival Time: _____ Pick Up Time: _____
 Friday Arrival Time: _____ Pick Up Time: _____

Tuition Fee: \$ _____
**Due Weekly, Monday
for the current week.**
 Family Discount

****My child may need to attend the center on early dismissal, off school, holidays, or snow days:** Yes No

SCHOOL AGE TRANSPORTATION: (August-June)

Transportation Needed: Grades 1 – 5 **Kindergarten (check all that apply)**
 AM only AM
 PM only Noon
 Both AM and PM PM

**Boyertown School District
Transportation Fee:**
 \$13.00 per week - one way trip
 \$18.00 per week - two way trip

ADDITIONAL FEES: \$10.00 late fee for every 10 minutes of care after 6:00 pm.

Summary of Services: academic program appropriate for the age and developmental level of your child that includes social, emotional, spiritual, mental and physical development / classroom materials / morning and afternoon snack / milk / and field trips.

We acknowledge receipt of the 2023-2024 Parent Handbook and agree to abide by the policies stated in the handbook.

Signature/Date: _____ Print Name: _____

Director Signature/Date: _____

Please complete back of form

Parent 6 month Review Signature/Date _____ Original date of Admission _____
Withdrawal date _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA Code Chapters 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181&182

CHILD'S NAME	Birthdate
Address	
MOTHER'S NAME/LEGAL GUARDIAN	Home/Cell Phone Number
Address <input type="checkbox"/> Same as above	Email Address
Mother's Business Name	Business Phone Number
Business Address	
FATHER'S NAME/LEGAL GUARDIAN	Home/Cell Phone Number
Address <input type="checkbox"/> Same as above	Email Address
Father's Business Name	Business Phone Number
Business Address	
EMERGENCY CONTACTS/PERSON(S) TO WHOM CHILD MAY BE RELEASED OTHER THAN PARENTS	
1. Name, Address, and Phone no. when child is in care _____ _____	
2. Name, Address, and Phone no. when child is in care _____ _____	
3. Name, Address, and Phone no. when child is in care _____ _____	
Physician's Name/ Telephone # _____	
Address _____	
Special Disabilities: <input type="checkbox"/> None Known	Allergies (Including Medication Reactions): <input type="checkbox"/> None Known
Medical or Dietary Information Necessary in an Emergency Situation: <input type="checkbox"/> None	
Medication/Special Conditions <input type="checkbox"/> None	Additional Information on Special Needs of Child: <input type="checkbox"/> None
Health Insurance Coverage for Child or Medical Assistance Benefits	
Company: _____	
Health Insurance Policy Number	
PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
1. Obtaining Emergency Medical Care _____	
2. Walks and Trips _____	
3. Transportation By The Facility _____	
4. Administration of Minor First Aid Procedures _____	
SIGNATURE OF PERSON COMPLETING THIS FORM	DATE