

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 10, 2024 - June 6, 2025

Child's Name: _____

SUMMER SCHEDULE: Please Note: I need to extend my child's current school year ending date to _____.
Return date for 2024 - 2025 school year of _____.

Please do not write in fees.

Times child will attend:	<input type="checkbox"/> Monday	Arrival Time: _____	Pick Up Time: _____
Tuition Fee:	<input type="checkbox"/> Tuesday	Arrival Time: _____	Pick Up Time: _____
	<input type="checkbox"/> Wednesday	Arrival Time: _____	Pick Up Time: _____
	<input type="checkbox"/> Thursday	Arrival Time: _____	Pick Up Time: _____
	<input type="checkbox"/> Friday	Arrival Time: _____	Pick Up Time: _____

Tuition Fee \$ _____ Due Weekly, Monday for the current week. <input type="checkbox"/> Family Discount

SCHOOL YEAR SCHEDULE:

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

Times child will attend:	<input type="checkbox"/> Monday	Arrival Time: _____	Pick Up Time: _____
	<input type="checkbox"/> Tuesday	Arrival Time: _____	Pick Up Time: _____
	<input type="checkbox"/> Wednesday	Arrival Time: _____	Pick Up Time: _____
	<input type="checkbox"/> Thursday	Arrival Time: _____	Pick Up Time: _____
	<input type="checkbox"/> Friday	Arrival Time: _____	Pick Up Time: _____

Tuition Fee: \$ _____ Due Weekly, Monday for the current week. <input type="checkbox"/> Family Discount
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****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)
<input type="checkbox"/> AM only	<input type="checkbox"/> AM
<input type="checkbox"/> PM only	<input type="checkbox"/> Noon
<input type="checkbox"/> Both AM and PM	<input type="checkbox"/> PM

<u>Bovertown School District Transportation Fee:</u> <input type="checkbox"/> \$13.00 per week - one way trip <input type="checkbox"/> \$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 2024-2025 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 _____
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