

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

Child's Name: _____

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