



Extended Care Registration Form

After School Care for School-Age Children (Ages 5-12)

N50W35181 Wisconsin Ave., Oconomowoc, WI 53066
Phone: (262)567-2737

Student Name: _____
First Middle Last

Student Birthday: ____/____/____ Current Age: ____ Student's Gender: Male Female

Parent/Guardian (1) Name: _____

Full Address _____
Street City Zip Code

Email: _____ Cell Phone: _____

Parent/Guardian (2) Name: _____

Full Address _____
Street City Zip Code

Email: _____ Cell Phone: _____

Church Home: _____ Child Baptized? Yes No

How did you hear about our program? _____

Schedules

Priority is given to families who schedule and pay for set days of the week. Students not on set schedules can be added to the schedule only if openings are available. Please indicate the time you intend to pick up your child each day. If your child is involved in extracurricular activities at LCCA that end at 3:45, you will still pay \$6 for the time before 4pm.

	Monday	Tuesday	Wednesday	Thursday	Friday
Pick-up time					

Signed: _____ Date: _____
(Parent's/Guardian's Signature)

Registration Fee of \$50 per child or \$75 per family (\$35 per child for returning students)
We will not accept the Registration Fee if we do not have a spot available for your child. This registration fee is non-refundable.

Office Use Only: Amount Paid: _____ Type of Payment: _____ Invoice #: _____