



St. Paul Lutheran School

Wraparound Care Registration Form

Please complete this form and return it to the Main Office with the registration fee

Student Information

Student Name: _____

Household Information

Parent/Guardian 1: _____ Email: _____

Relationship to Student: _____ Phone: _____

Parent/Guardian 2: _____ Email: _____

Relationship to Student: _____ Phone: _____

The email addresses provided above will be included in Wraparound Care emails, electronic newsletters, and contact lists unless otherwise notes.

Program Sessions and Pricing (Weekly)

Registration Fee: \$25.00 per family (non-refundable)

Wraparound Sessions Available: Please check the desired session. Billing is invoiced monthly based on the session selected. See billing policies in the Wraparound Care Handbook for full details.

		Select Days Needed For Desired Session				
Session	Cost	Monday	Tuesday	Wednesday	Thursday	Friday
2-Day AM Only	\$20					
2-Day PM Only	\$30					
2-Day AM and PM	\$40					
3-Day AM Only	\$30					
3-Day PM Only	\$50					
3-Day AM and PM	\$60					
5-Day AM Only	\$40					
5-Day PM Only	\$75					
5-Day AM and PM	\$100					
Drop-In AM Only	\$15					
Drop-In PM Only	\$20					
Drop-In AM and PM	\$30					

Release Information

My child may be released to the following persons other than the Parent/Guardian list on the first page.

Person 1: _____	Cell Phone: _____
Relationship to Student: _____	Work Phone: _____
Person 2: _____	Cell Phone: _____
Relationship to Student: _____	Work Phone: _____

Emergency Information

In the event that we cannot reach either parent or guardian, please list the persons we may contact.

____ Check if the same as Emergency Contact in TADS

Person 1: _____	Cell Phone: _____
Relationship to Student: _____	Work Phone: _____
Person 2: _____	Cell Phone: _____
Relationship to Student: _____	Work Phone: _____

Parental Agreement

I, the undersigned, hereby enroll my child in the St. Paul Lutheran School Wraparound Care Program beginning on _____. It is understood that St. Paul Lutheran School assumes the responsibility for my child's well-being during the hours of care and will make every effort to contact the parent should any type of emergency arise. I agree that in case of accident or injury, emergency medical care may be given in the event that I (or designated persons) cannot be reached.

In addition:

- I have read the Wraparound Care Handbook and agree to adhere to the Program policies.
- I agree to pay the full amount of Wraparound Care costs by the designated billing date on my TADS account.
- I understand that failure to pay Wraparound Care costs in full will result in a late fee and possible suspension of enrollment privileges.
- I further understand that if I am late picking up my child overtime fees will be charged at a rate of \$25 per session after previous warning has been given by the Program Director.

Name: _____ Date: _____