



Child Care
Form -

Registration
2020-2021

Child/ren _____ Age _____

Grade _____ Homeroom Teacher _____

Allergies? _____

Expected Hours
*This is helpful for our planning purposes, however we take pride in our flexibility so please do not hesitate to contact Ms. Lindsey, Child Care Director, with questions about any of the options below. Email: lindsey.knox@messiah.us
 Child Care Cell Phone: 402-440-3196*

Check all that apply:

_____ Before School Care - Typical Arrival Time AM
 Typical Days (Circle) : MON TUES ~~WED~~ ~~THUR~~ FRI

_____ After School Care - Typical Pick up Time PM
 Typical Days (Circle) : MON TUES ~~WED~~ ~~THUR~~ FRI

_____ Hours will vary-will let child care staff/office know when child is expected to come.

Other Comments: _____

_____ I acknowledge that Messiah Lutheran Child Care charges **\$5.35** hourly per child. For **all day care** Messiah Child Care will be **hourly**. I agree to pay all charges accrued on a **monthly basis**. I understand that my child must be picked up **by 6:00 PM** nightly, or a **\$1.00 late fee will be charged every minute late**.

_____ I understand that my child **will not** be released to any party **who is not authorized** to pick up my child **according to the names listed at school registration**. I understand **changes to these names must be done in writing on the back of this form. These changes must be given to the Child Care Director. Anyone we don't know will be asked to show ID. NO EXCEPTIONS!**

_____ I understand that if my child is going home with a friend after school, a written note, phone call, or e-mail to Ms. Lindsey is needed. **No other form will be excepted. No child will leave with said person unless the director has one of the above forms of notice.**

_____ I understand that **unless noted differently on the back of this form**, Messiah's Child Care staff will use the contact, emergency, and pick up list information provided to the school office and child care at the time of registration.

_____ I understand that FACTS Management will be assessing the billing and late fees for my child care statement/bill. I understand a \$30 late fee is assessed if not paid by due date.

_____ I understand that there is a \$10.00 per child snack and activity fee, which will be applied when my child/ren attends 7 or more times during each month. Fee applied at the end of each month.

Parent Signature _____ Date _____

Check off below and complete if needed:

 Contact information different or updated since time of school registration on RenWeb

or

 Contact information is different during before/after school times

Emergency Contact (Other than Parent/Guardian) Same as listed on RenWeb

_____ *name*

_____ *phone*

_____ *name*

_____ *phone*

Individuals approved to pick up my child without me notifying staff:

 Same as listed on RenWeb

_____ *name*

_____ *relationship*

_____ *name*

_____ *relationship*

_____ *name*

_____ *relationship*

Additional Comments:
