

LAKEVIEW SCHOOL AGE CHILD CARE
APPLICATION FOR ENROLLMENT 2019 – 2020

BEFORE SCHOOL CARE **AFTER SCHOOL CARE**

STUDENT'S NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ ZIP CODE _____

CELL PHONE # _____ CELL PHONE # _____
(DAD) (MOM)

ELEMENTARY SCHOOL _____ GRADE '19 – '20 _____

PARENT'S NAME _____ / _____
(DAD) (MOM)

PLACE OF EMPLOYMENT _____ / _____
(DAD) (MOM)

EMPLOYMENT ADDRESS _____ / _____
(DAD) (MOM)

WORK TELEPHONE _____ / _____
(DAD) (MOM)

EMAIL ADDRESS _____

NAME OF SIBLINGS CURRENTLY ENROLLED IN
PROGRAM _____

ENROLLMENT EFFECTIVE ON 9/3/2019 ATTENDANCE PRIOR TO 9/3/2019 IS NOT AVAILABLE

PLEASE Mail to: Lakeview School District Child Care Office, 15 Arbor Street, Battle Creek, MI 49015

CHILD CARE ENROLLED DAYS (This is your permanent schedule and will be billed weekly for this time, regardless of attendance)

_____ **BEFORE SCHOOL CARE**

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

_____ **AFTER SCHOOL CARE**

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Please enclose \$50.00 per child for each NEW enrollment (\$30.00 per additional child) or \$30.00 per child for each re-enrollment. These fees are non-refundable and non-transferable.

OFFICE USE: CK# _____ CK AMOUNT _____ DATE RECEIVED _____