



# ST. TERESA SCHOOL

Lincoln, NE

## APPLICATION

### Extended Learning Center (ELC) 2020-2021

Parent(s) Names \_\_\_\_\_ Primary Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

<u>Child's Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Regular School Days:** ELC is available from 3:15-5:30 every school day. The cost per day is \$9.00 per day for the first child and \$7.00 per day for each additional child; total not to exceed \$25 for families with multiple children (billed monthly). **Note:** You will be billed for each registered day unless prior notice has been given to the ELC director 24 hours in advance. *An additional late fee will be applied for children not picked up by 5:30.*

**Early Dismissal Days:** ELC is available from 1:30 to 5:30 one Friday each month for early dismissals scheduled for Faculty meetings. The fee is \$20.00 for the first child and \$16.00 per day for additional children (not to exceed \$50 per family).

**Registration Fee:** There will be a \$25.00 Registration Fee per family, to be included with this form.

**Please check the days your child(ren) will attend:**

Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Faculty Meeting Early Dismissal Days \_\_\_

Father/Guardian 1

Mother/Guardian 2

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

People permitted to pick up child(ren)

\*\*\* It is required that you list at least one person who is not a parent that can pick up your child in case of emergency- please designate below; Use back of the form to list additional. Individuals who have not previously been introduced to ELC staff will need proof of identification.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician/Phone Number \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Consent to Contact a physician in case of emergency

\_\_\_\_\_

**Please list any information that would be helpful to your child's success in ELC**

*Include any physical or emotional health concerns, any medications that need to be administered. Does your child have any allergies? Anything else you would like us to know? **PLEASE INDICATE CLEAR INSTRUCTIONS IN THE EVENT OF EXPOSURE TO AN ALLERGEN!** (feel free to use a separate paper to elaborate)*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*For Office Use Only:* Child Enrollment Date \_\_\_\_\_