

**DAY CARE REGISTRATION FORM 2011-2012**

Our Day Care program is designed for working parents of those students enrolled in Westchester Lutheran School. This registration form will enroll your children in our morning or after school Day Care program which begins on **Tuesday, Sept 6th**. Please fill the form out **ONLY** if you want to enroll your child in regular use of the Day Care program. This form is **NOT** intended to be used for emergency (drop-in) purposes throughout the year.

Upon receipt of the completed registration form, we will expect your child to be in day care on the days and shifts indicated on the form. Day Care is notified by the office in case of absence due to illness. If your child is in school during the school day, we will expect him/her to be in Day Care as per the registration. Please notify the Day Care staff in writing of any special activities (choir, after school classes, Boy and Girl Scouts, etc.) that will take your child from Day Care. In order for your child to be properly supervised, it is essential that we know when he/she is to be in our care.

If you wish to register your child in the Day Care program, please complete the form below and turn it in to the office as prior to Sept. 6<sup>th</sup>. You can mail it, fax it or email it to [smasted@wlcs.org](mailto:smasted@wlcs.org). Day Care fees are due in advance each month.

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**WESTCHESTER LUTHERAN DAY CARE**  
**DAY CARE PHONE NUMBER – 310-670-1963**  
**2011-2012 DAY CARE REGISTRATION FORM**

Due in office prior to Sept. 6<sup>th</sup>. – mail, fax or email to [wlcs@wlcs.org](mailto:wlcs@wlcs.org)

Family Name \_\_\_\_\_  
Student(s) \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

I wish to enroll my child/children in the Day Care Program as follows:

- \_\_\_\_\_ Mornings only – 7:00 a.m. to beginning of school day - \$115.00
- \_\_\_\_\_ Afternoons only – After school to 6:00 p.m. - \$160.00
- \_\_\_\_\_ Full time – mornings and afternoons - \$190.00
- \_\_\_\_\_ Two days a week – \$115.00 - indicate days:  
\_\_\_\_\_ and \_\_\_\_\_

Parent Signature \_\_\_\_\_

Home Phone \_\_\_\_\_  
Work Phone – Mother \_\_\_\_\_ Father \_\_\_\_\_  
Email \_\_\_\_\_

BE SURE TO RETURN THIS FORM BY **PRIOR TO SEPT. 6TH**

ON TUESDAY, SEPT. 6TH , ALL MORNING DAY CARE STUDENTS SHOULD CHECK IN AT THE DAY CARE ROOM on the lower campus . There will be signs to direct you.