



Equipping · Engaging · Encouraging

St. John's Lutheran School Extended Care Registration Form EVERY FAMILY MUST HAVE A FORM & CREDIT CARD ON FILE

Child's Name _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Child's Birthday: _____

My child is authorized to be picked up by:

Name:

Relationship:

Please write in the times your child may be using Extended Care so we can provide proper staffing.

_____ My child(ren) will use Extended Care on an as needed basis

_____ My child(ren) will use Extended Care on a regular basis
Please mark the days needed below:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____

I am aware the policies and procedures for Extended Care are available on the school website
(www.stjohnslagrange.org) in the Extended Care Handbook

Parent/Guardian Signature

Date



Equipping · Engaging · Encouraging

St. John's Lutheran School
Extended Care Registration Form
**EVERY FAMILY MUST HAVE A FORM &
CREDIT CARD ON FILE**

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

Email _____

Telephone: (_____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Card Number: _____

Expiration Date: _____ CVV Security Code: _____

Cardholder Signature _____ Date ___/___/_____

Charge my card on the 15th of each month, for the previous month's extended care charges
Initial Here: _____

I understand that payment is due on the 15th of each month. If payment is not received by the 19th of the month, the credit card listed above will be charged on the 20th and a \$10 late fee will be applied.
Initial Here: _____