



2024 Summer Care Program

5 year old Kindergarten and Older

(Children younger than Kindergarten must enroll in the Child Care Center and will be considered the "1st Child" in the family.)

Hours of Operation: 6:00am – 6:00 pm

Fees: **Application Fee:** \$25.00 per family
Hourly Fees: 1st Child: \$5.75/Hr. to a maximum of \$46/day
 2nd Child: \$4.85/Hr. to a maximum of \$39/day
 3rd Child: \$3.75/Hr. to a maximum of \$30/day

Other Fees:

Late Fee: You will be charged a \$3.00 late fee for every minute your child is not picked up after our 6:00 pm closing time.

Drop In Fee: \$7.25 Per Hour (\$20.00 Daily Min.) (Less than 24-hour advance notice given.)

No Show Fee: \$6.00 (Failing to arrive on a scheduled day if notification is not received by 8:00 a.m)

No Sign Out Fee: \$6.00 (Failing to sign your child out in the book on the child care counter.)

Minimum Charges: (this does not apply to families enrolled in Immanuel Lutheran Day School)
 1 hour per day per child

For additional information, please contact the child care center at 715-384-5121 or immanuelpreschoolandcc@gmail.com

Prices subject to change

Please return Application with the Application Fee.

Child's Information:

| | | | |
|--------------|---------------------------|-------------|----------------------------|
| Child's Name | Grade (Completed 2023/24) | Male/Female | Allergies/Medical |
| Child's Name | Grade | Male/Female | Allergies/Medical concerns |
| Child's Name | Grade | Male/Female | Allergies/Medical concerns |

Parent or Guardian Information

Mother's Name (First, Last): _____ Phone _____

Father's Name (First, Last): _____ Phone _____

Primary Address _____ City _____ Zip _____ E-mail _____

Persons authorized for Pickup in addition to parents:

Emergency Contact: _____ Phone: () -

Referred By _____ First day of attendance _____

Please indicate expected hours each week for Summer Care, so we may plan staffing:

_____ Full Time _____ Less Than 10 Hours _____ 11-20 Hours _____ 21-30 Hours

For Part time care, indicate the Days of the Week care is needed: M T W TH F

_____ Will be attending Summer School at Grant. Bussing arrangements made through Kobussen.

2/12/2024

715-387-0101

FIELD TRIP CONSENT — WITHIN MARSHFIELD CITY LIMITS

The undersigned parent/guardian grants permission to the teaching staff of Immanuel Lutheran to take the students named on this form on field trip experiences within the city limits of Marshfield.

With this signed agreement, it is the undersigned intention to absolve the teacher, Immanuel Lutheran Church, School and Child Care Center, and any and all members of its governing boards of any responsibility for the safety, welfare, health and well being of the children named above, beyond such matters as may be called reasonable care for children in the custody of a teacher and subject to the teacher's clear instructions, and assumes personally and exclusively all responsibility and liability for accident, injury, etc., which may occur to the students named on this form during the time of the field trip.

PHOTO RELEASE CONSENT

_____ I/We give permission to use any videotapes, photos, slides, audiotapes, or any other visual or audio reproduction of the students named on this form for news releases and/or promotional use for Immanuel Lutheran Child Care Center.

_____ I/We **DO NOT** give permission to use any videotapes, photos, slides, audiotapes, or any other visual or audio reproduction of the students named on this form for news releases and/or promotional use for Immanuel Lutheran Child Care Center.

IMMANUEL ILLNESS POLICY

If your child develops one of the below symptoms while in our care we will need to contact you for your child to be promptly picked up. If a child is sent home with the below symptoms you will be asked to sign a form agreeing you will keep your child home until they remain *symptom free for 24 hours without medication*. Your child may return earlier with the consent and note from a doctor. Thank you for helping keep our center healthy!

- Fever over 100 degrees
- Vomiting and/ or persistent diarrhea
- Rashes- undiagnosed by a doctor
- Red, running, or itchy eyes (suspected pink eye)
- Untreated head lice

SUNSCREEN PERMISSION

I give permission to use sunscreen provided by Immanuel Lutheran Church, School and Child Care Center. Sunscreen will be applied prior to each time children are playing outdoors (ie: walking trips, playground, and water days). If I choose not to allow my child(ren) to use the provided sunscreen, I agree to provide sunscreen to be used daily when my child(ren) go outdoors.

**I have read the Immanuel Lutheran Child Care Center policies and permissions.
I am agreeing to abide by Immanuel policies and permissions.**

Parent/Guardian Signature

Date