



2025 Summer Care Program Application

5 year old Kindergarten and Older

(Children younger than Kindergarten must enroll in the Child Care Center.
Application must be approved by the Child Care Supervisor.)

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

- **Late Fee:** \$3.00 for every minute your child is not picked up after the 6pm closing
 - **Drop in fee:** \$7.25 for less than 24 hour advance notice given
 - **No Calendar fee:** \$20.00 for no schedule provided for the month
 - **No Show Fee:** \$6.00 for failing to arrive on a scheduled day without notification by 8:30am
 - **No Sign Out Fee:** \$6.00 for failure to sign your child out in the book on the child care counter
 - **Non Sufficient Fund Check:** \$35.00 for checks returned with insufficient funds
 - **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. ****Prices subject to change**** 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 2024-2025)	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.

1/23/2025 **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



DELIQUENT PAYMENT POLICY:

Immanuel Lutheran strives to offer exceptional care to all families receiving our services. This comes with a cost to us and, in turn, is a cost to our families. Please be sure to carefully read these points and be sure you understand the policy prior to signing this agreement.

- 1.) Payment is expected by Friday of the week they receive their invoice.
 - 2.) Accounts two weeks past due will be referred to the childcare director, who will determine payment plan options.
 - 3.) If an account falls behind or a payment is missed, a family is expected to continue making weekly payments. Past due accounts will be paid IN ADDITION to the weekly or hourly rate.
 - 4.) If a family's account reaches four weeks past the due date and no payment arrangements have been made or approved, families will receive notification that care will be terminated.
- Under these circumstances families will have one week from date of notification to either pay the past due account in full or make approved payment arrangements with the director and business manager.
 - If no arrangements are made, or payment is not received, care will be terminated.
 - If care is officially terminated, families will have the opportunity to reapply for enrollment only once their account is paid in full. Applications will be accepted or denied based on current availability, and will not take past enrollment into consideration.

Name (Please Print): _____

Signature: _____

Date: _____