

Bethlehem Lutheran After School Program

1837 Mountain Street Carson City, NV 89703

775/882-6718 Fax 775/882-3664

CONTRACT

Bethlehem Lutheran Daycare is currently taking enrollment for children registered to attend Bethlehem Lutheran School. This is on a first come first serve basis. There will be a flat fee for the week, due and payable on the first day of the week. The School Board adopted the following fee schedule on Jan. 6, 2024:

	<u>Weekly Fee</u>	<u>Registration Fee</u>
Morning Care only (7:00-8:00am)	\$35 per child	
Afternoon Care only (2:45-5:30pm)	\$50 for the first child \$45 for each additional child	\$100 per child \$100 per child
Morning & Afternoon Care (7-8 & 2:45-5:30)	\$65 for the first child \$60 for each additional child	\$100 per child \$100 per child

- Payment is due each week including times your child is sick or you take your child on vacation.
- Daycare **WILL NOT be open** the week of Thanksgiving, Christmas Break, and Easter Break.

Please complete and return this form to the school office, with the registration fee, remembering it's on a first come first serve basis.

Name of student to be enrolled: _____ Grade entering _____

Please put a check mark to indicate the days and between what hours your child will be using the After School Program. Due to the number of students we have, **we are unable to accept drop-in students**.

KINDERGARTEN-8th GRADE

	M	T	W	Th	F
7:00-8:00 AM	_____	_____	_____	_____	_____
2:55-4:00 PM	_____	_____	_____	_____	_____
4:00-5:00 PM	_____	_____	_____	_____	_____
5:00-5:30 PM	_____	_____	_____	_____	_____

I have read the fee schedule and agree to pay the flat weekly amount of _____ for my child. I understand I will receive an expense invoice weekly. I have 10 days to pay the invoice, or my account will automatically be charged through FACTS. In addition, a late pick-up fee of **\$10.00 per child** for every **15 minutes** starting at 5:30 p.m. will be charged.

Signature of Parent or Guardian

Date

Phone Number _____

PRESCHOOL AND AFTER SCHOOL QUESTIONNAIRE

Please complete both areas.

1. Permission to Release Information

I understand that during the time my child is enrolled in Bethlehem Lutheran Preschool or After School programs, that the director may be asked for information regarding my child.

I hereby **give permission** to release information to official persons only, who identify themselves; including but not limited to schools, health care personnel, welfare or other government/state officials. *I realize that the State of Nevada Bureau of Services for Child Care has access to my child's record as the licensing agent.*

You must mark one and sign:

Yes I give permission ____

No I do not give permission ____

Parent/Guardian Signature

Print

Date

2. Facility Review

I am aware that I have the right to request and view any complaints the facility has received for the month I enrolled my child in and the previous 12 months.

Parent/Guardian Signature

Print

Date

Bethlehem Lutheran Preschool/After School Program

1837 Mountain Street Carson City, NV 89703

775/882-5252 Fax 775/882-3664

CHILD ENROLLMENT - MEDICAL

A health examination is required for each child admitted to the center.

I have examined _____ and find that he/she is free of infectious
Name of child
and contagious diseases.

Disabling conditions, physical or mental, affecting the child's participation in group activities:

Signature of physician/nurse

Date

address

Phone number