

**GUARDIAN ANGEL EXTENDED CARE**  
St. Paul Lutheran School, Grafton, Wisconsin  
2018-2019 School Year

One Form per Child Enrolled  
(Please print)

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Born: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Child's Grade \_\_\_\_\_ Teacher \_\_\_\_\_

- 2 Pre-K
  - 3 Pre-K: MWF or T-TH AM or PM
  - 4 Pre-K: M-F or MWF; AM or PM
  - Kindergarten AM or All Day
- (Please circle class that child is enrolled)

Date Starting Extended Care: \_\_\_\_\_

Days Attending: (Circle all that apply)    M    T    W    TH    F

Times Attending:

Before School: \_\_\_\_\_ to \_\_\_\_\_  
AM Session: \_\_\_\_\_ to \_\_\_\_\_  
PM Session: \_\_\_\_\_ to \_\_\_\_\_  
After School: \_\_\_\_\_ to \_\_\_\_\_

Father Signature: \_\_\_\_\_ Mother Signature: \_\_\_\_\_

Both parents are required to sign this form.

Date: \_\_\_\_\_