

GUARDIAN ANGEL EXTENDED CARE
St. Paul Lutheran School, Grafton, Wisconsin
2019-2020 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: _____