

GUARDIAN ANGEL EXTENDED CARE
St. Paul Lutheran School, Grafton, Wisconsin
2020-21 School Year

One Form per Child Enrolled
(Please print)

Name of Child _____ Born: Month _____ Day _____ Year _____

Mother's Name _____ Phone # _____

Father's Name _____ Phone # _____

Teacher/Grade _____

Please circle class attending:

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

Date Scheduled to begin: _____

Option #1 Best Option

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 _____

Option#2 - 2nd choice

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 _____

Mother Signature: _____

Father Signature: _____

Both parents are required to sign this form.

Date: _____

08-20