

GUARDIAN ANGEL EXTENDED CARE

St. Paul Lutheran School, Grafton, Wisconsin
2021- 22 School Year

One Form per Child Enrolled
(Please print)

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

Mother's Name _____ Phone # _____

email _____

Father's Name _____ Phone # _____

email _____

Date Scheduled to begin: _____ Teacher/Grade _____

For Pre K classes, please circle

3 Pre-K	MWF	AM or PM
	T/TH	AM or PM
4 Pre-K:	M-F	AM or PM
	MWF	AM

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: _____

06/21