

## St. Paul's Child Care Center

3k - Grade School



*"God's Promises are for you and your children."*

### Extended Care

St. Paul's Lutheran School has an Extended Care Program to assist the school parents in providing a caring Christian environment when children are at the school but not in a classroom setting. We offer several different programs to help meet parent's needs.

Before School Care is offered at the Lincoln School Building from 6:30 - 7:45 AM for a charge of \$6.50/hour per child after paying a \$60 non-refundable family registration fee. This program is offered to children in grades 1-8, whose parents need to drop off their children before the regular school day begins. 3, 4 and 5 year olds who need care prior to the beginning of the school day will be cared for at the child care located at 7835 W. Grant Street.

Mid-day child care is available for 3 and 4 year olds. 3K child care is offered from 6:30-8:00 AM and after school from 10:30 AM-5:30 PM, Mondays, Tuesdays and Thursdays. In addition, there is child care available from 6:30AM-5:30 PM on Wednesdays, Fridays and non-school days. 4K child care is available from 6:30-11:30 AM (the start of 4K) and after school from 3:00 - 5:30 PM.

5K child care is available from 6:30AM-7:45 AM (before school) and from 3:00-5:30 PM (after school).

In addition to before and after school care, there is child care provided year round from 6:30 AM-5:30 PM, Monday-Friday.

**In order to participate in any of St. Paul's Child Care programs, a \$60/family non-refundable annual registration fee along with childcare paperwork including a weekly schedule and Tuition Express Credit Card or bank information must be on file. If your schedule changes, an updated weekly schedule must be turned in to Julie Gutknecht by Monday at 5:30 PM for the following week.**

If you have an interest in using any of our programs or wish to get more details, including the Infant-Two year old program, please contact Heather Block at 414-544-8131 or by email at [heather.block@splcwa.org](mailto:heather.block@splcwa.org). or stop by 7835 West Grant Street for a tour and she will be happy to answer any questions you may have.



St. Paul's Early Childcare Center  
Extended School Care In-take Form

**Health History and Emergency Care**

**Child Information**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Phone Number in case of Emergency:

\_\_\_\_\_

**Physician/Medical Facility Information**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_

**Health History and Emergency Care Plan**

If available, attach any health care plan information from your child's physician, therapist, etc.

- No specific medical condition
- Epilepsy/seizure disorder
- Gastrointestinal or feeding concerns including special diet and supplements
- Diabetes
- Asthma
- Milk Allergy-If so, please attach a statement from child's physician indicating the acceptable alternative
- Food allergies-Please Specify \_\_\_\_\_
- Non-food Allergies-Please Specify \_\_\_\_\_
- LD, ADD, ADHD, Autism, or other Cognitive Disability
- Other Condition(s)-Please Specify \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Family, Personality and Eating**

My child has \_\_\_\_\_ brothers and \_\_\_\_\_ sisters.

We have \_\_\_\_\_ pets.

Name

Ages

Name

Type

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Has your child been in daycare before?    **YES**            **NO**

If yes, was it a childcare center or in-home childcare? \_\_\_\_\_

How would you describe your child's personality (shy, cheerful, reserved, outgoing, etc.)?

Is there anything in particular that your child really enjoys or really dislikes?

How does your child react to other children? Is your child comfortable in groups?

**EATING: (please circle)**

Food Allergies:

**YES**

**NO**

Please describe: \_\_\_\_\_

Is your child on a special diet:

**YES**

**NO**

Please describe: \_\_\_\_\_



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**Development & Other**

**DEVELOPMENT:** (please circle)

Do you have any concerns about your child's vision? **YES**

**NO**

Do you have any concerns about your child's hearing? **YES**

**NO**

Do you have any concerns about your child's development? **YES**

**NO**

**Language**

**Fine Motor**

**Gross Motor**

**Social**

Are your concerns being monitored by your child's physician? **YES**

**NO**

Please Explain:

Any other information you feel would be helpful for us to know regarding your child and or family?