



Immanuel Lutheran School
 154 Meadow Street
 Bristol, CT 06010

Extended Care Application 2016-2017
 Adrienne Miller, Director

Student Information

Child's Name: _____
Last First Middle

Date of Birth: _____ Child's grade in school this year: _____ We used Extended Care last year: _____

Allergies of medical problems (please be specific)

People Authorized to pick up your child:

Parent Contact Information

Parent's Name: _____

Address/Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Parent's Place of Work: _____

We anticipate using the ILS Extended Care Program on the following days and times:
 (Please circle all that apply)

Monday	7:00-11:00	11:00 to _____	2:30 to _____ or _____ to _____
Tuesday	7:00-11:00	11:00 to _____	2:30 to _____ or _____ to _____
Wednesday	7:00-11:00	11:00 to _____	2:30 to _____ or _____ to _____
Thursday	7:00-11:00	11:00 to _____	2:30 to _____ or _____ to _____
Friday	7:00-11:00	11:00 to _____	2:30 to _____ or _____ to _____

_____ We anticipate using the ILS Extended Care Program only occasionally.

THE COST FOR EXTENDED CARE IS \$5.00 PER HOUR
A Non-Refundable Registration Fee of \$20.00 must accompany this application

If you have any questions regarding the Extended Care Program, please contact Miss Miller at 860-585-4786 or leave a message in the school office at 860-583-5631.