

2023-2024

RESURRECTION EARLY CARE & AFTER CARE ENROLLMENT FORM

Resurrection Lutheran Church, 9907 Sappington Rd. St. Louis, MO 63128

Date: _____

Fill out this enrollment form and return it to the Early Childhood Office. Please use black ink and fill out the entire form, putting a mark through any lines that don't apply to you.

CHILD'S Name: _____ Address: _____

City: _____ Zip: _____ Birth Date: _____

MOTHER'S Emergency Number During Early/After Care: _____

FATHER'S Emergency Number During Early/After Care: _____

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, NOTIFY:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

EARLY CARE:

Drop Off Time:

7:30 a.m. _____

8:00 a.m. _____

Days Needed:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

AFTER CARE:

Pick Up Time:

3:30 p.m. _____

4:00 p.m. _____

Days Needed:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____