



## 2023-2024 After School Care Enrollment Application

School Hours: 8:00am – 11:30am After School Care Hours: 11:30am – 4:30pm

Student's Full Name: \_\_\_\_\_

Emergency Contact Information (Name, Relationship, Phone Number):

\_\_\_\_\_  
\_\_\_\_\_

After School Care Needed – 3 hour daily minimum - 5 hour daily maximum:

♥ Monday: From \_\_\_\_\_ To \_\_\_\_\_ Hours \_\_\_\_\_

♥ Tuesday: From \_\_\_\_\_ To \_\_\_\_\_ Hours \_\_\_\_\_

♥ Wednesday: From \_\_\_\_\_ To \_\_\_\_\_ Hours \_\_\_\_\_

♥ Thursday: From \_\_\_\_\_ To \_\_\_\_\_ Hours \_\_\_\_\_

♥ Friday: From \_\_\_\_\_ To \_\_\_\_\_ Hours \_\_\_\_\_

**Total Weekly Hours** \_\_\_\_\_

Understand State Lunch Requirement Handout Yes Please explain more  
*(also understand milk sign-up form)*

Understand you will need to provide rest supplies Yes Please explain more  
*(sleeping bag/blanket/sleeping mat/etc.)*

Understand I will be billed monthly based on the Yes Please explain more  
agreed upon hours  
*(changes must be discussed a minimum 2 wks in advanced)*

Understand that I will be charged a late fee if I am Yes Please explain more  
at least 10 minutes late  
*(fee waived if parent communicates special circumstances)*

Parent Name (Printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

*For use by Wee Love Learning Center Staff*

Date received: \_\_\_\_\_ By Whom: \_\_\_\_\_