



Immanuel Care Program Registration 2023-2024

Student's Name/Nickname: _____

Age: _____ Grade: _____ Birth date: _____

Enrollment Options (Check all that apply)

Before School After school Preschool Lunch Bunch (10:45 – 11:45 am)

*\$50 Registration fee due at time of enrollment. Hourly fee of \$6 per student charged via TADS.
After 3 unscheduled attendances each trimester, families will be charged an additional \$1/hr per student.

Allergies: _____

Parent #1 Name: _____

Address: _____ City/St/Zip _____

Home / Cell / Work # _____

E-mail address: _____

Parent #2 Name: _____

Address: _____ City/St/Zip _____

Home / Cell / Work # _____

E-mail address: _____

Which parent should be called first in case of an emergency? Parent # 1 Parent # 2

Emergency Contacts and Persons Authorized to Pick up Your Child: If parents cannot be reached, who can pick up or take responsibility for your child? Local contacts and numbers only.

Name _____ Relationship _____

Home / Cell / Work # _____

Name _____ Relationship _____

Home / Cell / Work # _____

Signature _____ Date _____