



*"To know Christ and to make Christ known!"*

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## **After School Center (ASC) Registration Form (2009-2010)**

Please fill out this form as a client of our ASC. All information will be kept in the ASC records. You will also be asked to fill out an emergency contact card for your family to be kept on file, as well as a monthly planned usage form to assist the ASC in planning. Thanks for using our ASC as we provide quality care for our after school needs! Our ASC costs \$4 per hour (broken into halves of an hour).

### **Family Information**

1. Parent's Name: \_\_\_\_\_

2. Child(ren)'s Name: \_\_\_\_\_

3. Home Address: \_\_\_\_\_

4. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

5. Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

6. Please list up to two (2) main pick up people for your son or daughter. Photo ID may be required before our staff releases a student to this person's care.

a. \_\_\_\_\_ b. \_\_\_\_\_

7. Please describe your intended use of our program in the space below.

Office use only – Deposit of \$100 to open an account    ___received    check # _____
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