

Before School Child Care Program 2016-2017

Wilmette Public Schools District 39 Mikaelian Education Center 615 Locust Road Wilmette, IL 60091
Contact: Mary Ann Esler 847-512-6036 FAX: 847-256-1782 e-mail: eslerm@wilmette39.org

Child's Information

Last Name _____ First Name _____ Birth Date _____ Male Female

Address, City, Zip _____ Phone _____

School Central Harper McKenzie Romona Highcrest

Grade K 1st 2nd 3rd 4th 5th 6th

Days Child Will Attend Monday Tuesday Wednesday Thursday Friday

Parent's Information

Mother's Name _____ E-mail _____

Phone 1 _____ Phone 2 _____

Father's Name _____ E-mail _____

Phone 1 _____ Phone 2 _____

Emergency Contact

Name _____ Relationship _____

Phone _____ Address _____

Medical Information and Release

Doctor's Name _____ Phone _____

Is your child on any medication? _____ Please explain _____

Does your child have any allergies? _____ Please explain _____

Does your child have any special health conditions we should be aware of? _____ Please explain _____

In case of an emergency, I give the school authorities permission to call the local doctor named above, or any available doctor if the above is unavailable, on behalf of the above named child/children. I also give such doctor(s) permission to take necessary emergency measures.

Parent or Guardian's Signature _____ Date _____

Payment Pay online at <http://wilmette.revtrak.net>

Before School Child Care fees are paid by semester. First semester fees are due at the time of registration, second semester fees are due January 26, 2017. Return registration and payment to Before School Child Care Program, Mikaelian Education Center, 615 Locust Road, Wilmette, IL 60091 or fax: 847-256-1782

1 Day \$147.00 2 Days \$275.00 3 Days \$371.00 4 Days \$468.00 5 Days \$585.00

Fee Amount _____ Check – payable to Wilmette Public Schools District 39. Please return check with this registration form

Credit card transaction fee* _____ +\$4.95 *Payment by credit card requires a \$4.95 transaction fee

TOTAL _____

Credit Card Payment* Visa Mastercard Discover Card # _____ Exp. Date _____ /

Print Cardholders Name _____ Signature _____