Before School Child Care Program 2013-2014

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 *New! 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 21, 2014. 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 _____