



A Ministry of People's Church

103 North Alpine Parkway,
Oregon, WI 53575

Child and Wrap-Around Care Registration Form

(Please fill out one form per child)

**NON-Refundable Registration Fee:
\$150/child due when enrolling**

Childcare fees are \$8.80/hour/child,
and due 1 week prior to care being given.

Child's Full Name: _____ Birthdate: _____

"Nickname" _____ (This is what will go on child's labels & writing aids.)

Child's Gender: _____ Home Phone: _____

Child's Home Address: _____ City: _____ Zip: _____

Mother's Name: _____ Cell: _____

Mother's Email: _____

Father's Name: _____ Cell: _____

Father's Email: _____

I need Wrap-Around care, my child is enrolled in:
(Mark the other program your child is enrolled in.)

___ AM 4K ___ PM 4K ___ AM 4K2

___ AM Preschool ___ PM Preschool ___ Expanded Preschool

Fall
2025/26

The hours of care I need are as follows:

(There is a 4 hour per day and 2 day/week minimum.)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

(A formal contract will be included in your full enrollment packet mailed the middle of July.)

Parent Signature: _____ Date: _____

_____ Date: _____

Younger siblings: _____ Birthdate: _____

LAELC Staff only below line

Date Received: _____ Fee Enclosed: No Yes Check # _____ Check date: _____ Check \$ _____