



LSCDC Before & After Care Program

Enrollment Form

Child's Name (Last, First, MI) _____

Child's School (Circle) *Andrew Jackson Academy *Benjamin Foulis Performing Arts
*Hillcrest Elementary School *Imagine Lincoln Public Charter *Overlook Elementary
*Panorama Elementary School *Samuel P. Massie Elementary *Samuel Chase Elementary
*Suitland Elementary School *William Bean Elementary *William Hall Academy

Which will your child attend? (Circle One) Before Care After Care Before & After Care

School Start Time: _____ School End Time: _____

Parent's Name: _____

Cell Phone #: _____ Work Phone #: _____

Email Address: _____

Emergency Contact Name: _____

Cell Phone #: _____ Other Phone #: _____

Email Address: _____

Authorized Pick Up Person(s): _____

Relationship to child: _____

Contact Number(s): _____

EXTENDED CARE IS NOW AVAILABLE! The Extended Care Program is available from 6:00pm to 8:00pm at a rate of \$10.00 p/h per child. \$50.00(Registration Fees for Non-enrollees.

Will you need our extended care services? (Circle One) Yes No Not Sure

Days Needed: (Circle) Monday Tuesday Wednesday Thursday Friday Not Sure

For more information on our Extended Care Program please visit the main office.