



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: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

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

4KAM  4KPM  4KAM2

M/W/F Preschool  T/TH Preschool

Summer  
2026

**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.)

Siblings: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
LAELC Staff only below line

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