

# Immanuel Lutheran Childcare Individual Child Schedule

Please fill in the dates and times your child needs childcare – including the time they will be arriving and picked up.

Child's Name: \_\_\_\_\_

For the week of: \_\_\_\_\_

Month, beginning date – ending date

Monday	Tuesday	Wednesday	Thursday	Friday
In: Out:	In: Out:	In: Out:	In: Out:	In: Out:
In: Out:	In: Out:	In: Out:	In: Out:	In: Out:
In: Out:	In: Out:	In: Out:	In: Out:	In: Out:
In: Out:	In: Out:	In: Out:	In: Out:	In: Out:

### “Church Connection” Rate

Please indicate if you qualify for a reduced rate based on your involvement in church the previous month. Members and non-members will be billed at a lower rate if they are involved at Immanuel Lutheran Church. Families which qualify are those which are attending church at Immanuel at least twice each month.

\* A minimum of two weeks of your childcare needs are required. This form must be turned in a week before childcare is needed so proper staffing and planning can be arranged.