



LINN JT. 6 SCHOOL DISTRICT

Reek Elementary School
W4094 South Lakeshore Drive
Lake Geneva, WI 53147
Phone: (262) 248-4120
Fax: (262) 248-5133

CHILDREN’S CENTER REGISTRATION AGREEMENT 23-24

Parents' Names: _____

Child's Name: _____

DOB: _____ Start Date: _____ Registration Fee: **\$25.00**
(per family)

Children’s Center Hours: 7:15 a.m. – 5:30 p.m.

Hourly Fee: \$4.50 per hour from 11:30-3:30 / \$5.00 from 3:30 to 5:30 pm

Which days/times do you prefer:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

1. I understand that my registration fee and registration form must be turned into the office prior to the first attendance day.
2. I understand that all communication regarding absences, schedule changes, payments, etc. must be directed to the office.
3. I understand that termination of childcare services can result when payment is not made or inappropriate behavior of a child continues.
4. I have read this agreement and agree to follow the Reek School Children's Center policies.

Parent/Guardian Signature

Date