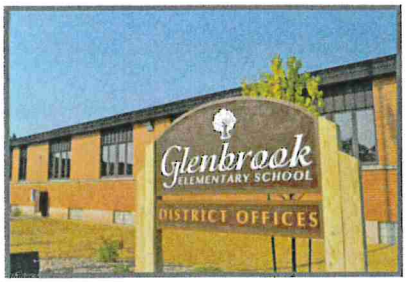
Glenbrook Elementary School



Grow with Us!
PACE

Before & After School Care Program 2022-23

For: Students Grade 4K-5 attending Glenbrook School

Sept. 1, 2022 to June 7, 2023 - SCHOOL DAYS ONLY

Operating AM: 6:30-7:40am PM: 2:45-5:30pm

SIGN UP FOR BEFORE SCHOOL CARE
COST IS $126 PER QUARTER/PER STUDENT

SIGN UP FOR AFTER SCHOOL CARE
COST IS $346 PER QUARTER/PER STUDENT

Glenbrook B&A Staff & Contact Information:

PACE Director ~ Mark Heck (920) 822-6051 or 639-6049 Email: mrheck@pulaskischools.org

B&A School Coordinator ~ Sue Wheeler (920) 822-6056 Email: skwheeler@pulaskischools.org

B&A School Lead Teacher ~ Jean Kraning (920) 822-6056 Email: jmkraning@pulaskischools.org

Sign up your child for the Before & After School Program TODAY

~ Programs are limited by Student/Teacher Ratio ~

~ Late registrants may be added if staffing allows & program meets the needs of the child ~

*Families receiving Free/Reduced Lunch may receive a reduced rate if approved by PACE

School Dates & Payment Reminders for 2022-23:

QUARTER 1: Sept 1 to Nov 4	Payment Due: August 15	AM: $126 ~ PM: $346 Per Child
QUARTER 2: Nov 7 to Jan 13	Payment Due: October 15	AM: $126 ~ PM: $346 Per Child
QUARTER 3: Jan 18 to Mar 24	Payment Due: January 15	AM: $126 ~ PM: $346 Per Child
QUARTER 4: Mar 27 to June 7	Payment Due: March 15	AM: $126 ~ PM: $346 Per Child

To enroll in Glenbrook School's Before & After School Program, complete this form & return it:

By mail: PACE B&A School, P.O. Box 36, Pulaski, WI 54162 OR By Email: skwheeler@pulaskischools.org

More detailed information will be sent to all families in early August. No payments are due at this time.

Pulaski School's Tax ID#: 39-6008483 Payment Due Dates: 8/15, 10/15, 1/15 & 3/15

Select the care option below your family will utilize for the 2022-23 school year:

Before School Care _____ **After School Care** _____ **Before & After School Care** _____

Family/Parent Names: _____

Email Addresses to receive updates: _____

Mailing Address: _____ **City & Zip Code:** _____

Person(s) Phone # to call during program: _____

In case of emergency, you may list an additional contact below to pick up our child if needed:

Name: _____ **Relation:** _____ **Phone:** _____

Name: _____ **Relation:** _____ **Phone:** _____

Family Physician: _____ **Phone:** _____ **Phone:** _____

In consideration of participation in this activity of the youth below, who is in good health, the undersigned hereby agrees to hold harmless all promoters of this activity by reason of any injury which could be suffered.

Parent Signature & Date: _____

Child 1 Name: _____ Birthdate: _____ Grade: _____ Teacher (if known): _____

List any Health or info staff should know about your child: _____

_____

Child 2 Name: _____ Birthdate: _____ Grade: _____ Teacher (if known): _____

List any Health or info staff should know about your child : _____

_____

Child 3 Name: _____ Birthdate: _____ Grade: _____ Teacher (if known): _____

List any Health or info staff should know about your child: _____

_____

Office Use Only: *FOB #* _____

Date Registered: *FOB #* _____