

**22-23 RESURRECTION LUTHERAN SCHOOL
Before/After School Care Program Registration**

Before Care Daily (Mon-Friday) 7:30 a.m. – 8:15 a.m.

After Care (Mon-Thurs) End of Day – 5:00 p.m.

NO After Care on Fridays

Before School Rates (7:30 a.m. – 8:15 a.m.)	First Child	Second Plus
Monthly	\$75.00	\$65.00 each
After School Rates (End of Day – 5:00 p.m.)		
Monthly (1 day per week) Circle day: M / Tu / W / Th	\$30.00	\$30.00 each
Monthly (2 days per week) Circle days: M / Tu / W / Th	\$60.00	\$55.00 each
Monthly (3 days per week) Circle days: M / Tu / W / Th	\$90.00	\$80.00 each
Monthly (4 days per week)	\$120.00	\$110.00 each
Late Pick Up Fee (Per 15 minutes)	\$20.00	\$20.00

Student Name: _____ DOB: _____ Grade: _____

Address: _____

Phone Number(s): _____

Parent Email(s): _____

EMERGENCY CARE INFORMATION

Does your child have any known allergies or medical conditions that we should be aware of? Yes ____ No ____

If yes, please describe: _____

IF YOU HAVE A MEDICAL ACTION PLAN, PLEASE ATTACH IT TO THIS REGISTRATION.

Who to call in an emergency (911 will be called first for all medical emergencies):

Name and Relationship: _____ Phone: _____

Name and Relationship: _____ Phone: _____

Name and Relationship: _____ Phone: _____

Name and Relationship: _____ Phone: _____

RELEASE INFORMATION

Please tell us who (other than parents) is authorized to pick your child up from the Before/After Care Program:

Name and Relationship: _____ Phone: _____

Name and Relationship: _____ Phone: _____

Please tell us if there are any custodial issues we need to be aware of: _____

MEDICAL WAIVER

My signature authorizes the administration and staff of Resurrection Lutheran School (RLS) to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. By my signature I hereby waive, release and hold harmless the RLS, its administration, volunteers, agents, and staff from any liability for any injuries, death or illness sustained and/or incurred while at the Before/After Care Program of RLS and /or while using any facilities or participating in any of the activities of RLS. I/we grant permission for emergency medical treatment and/or routine medical care by RLS, a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases RLS from any liability and/or financial responsibility for any medical expenses incurred.

PARENT/SCHOOL AGREEMENT

I agree to abide by the policies and procedures outlined in the RLS Student Handbook and other Before/After Care Program publications. I understand that it is my responsibility to become familiar with these policies.

Photographs/videos are occasionally taken during the Before/After Care Program by the staff. These photos may be used on bulletin boards, advertising, brochures, and electronic media to promote or describe the educational experience at RLS. Children will NOT be named in photos.

I understand that all tuition must be paid when requested. I understand that late payments or returned checks will incur a fee of \$25.00. I understand that if my account is not kept current, my child will not be accepted for the Before/After Care Program without notice.

Written notice (2 weeks) is required before withdrawal from the monthly program. The fee for the withdrawal notice is required whether or not the child attends the Before/After Care Program. RLS reserves the right to require the withdrawal of any child who threatens the best interest of the Program.

ACCEPTED: By signing this registration, all terms and waivers stated above are accepted by parents/guardians of this child.

Signature

Date

Signature

Date

AUTOMATIC BANK DRAFT – EXISTING ACCOUNTS

We offer and encourage automatic bank draft for all fees. If you do not currently have an automatic payment plan in place and would like to, please email finance@rlscary.org for a registration form. **If you already have an account set up for your tuition payments and would like to use the same banking information, simply complete the following:**

Name on account: _____

\$_____ Amount to be withdrawn from this account on the 5th of each month. Please determine this amount from the listed fee schedule (Sept 2022 through May 2023).

I authorize RLS to create a monthly automatic bank draft in the above-mentioned amount as payment of Before/After Care Program fees for the school year.

ACCEPTED:

Signature Date Signature Date

AUTOMATIC BANK DRAFT – NEW ACCOUNTS

Name on account: _____

Bank Routing Number: _____

Account Number: _____

Is this a checking or savings account: _____

\$_____ Amount to be withdrawn from this account on the 5th of each month. Please determine this amount from the listed fee schedule (Sept 2022 through May 2023).

I authorize RLS to create a monthly automatic bank draft in the above-mentioned amount as payment of Before/After Care Program fees for the school year.

ACCEPTED:

Signature Date Signature Date