

## 23-24 RESURRECTION LUTHERAN SCHOOL Before/After School Care Program Registration

Before Care Daily (Mon-Friday) 7:15 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 (7:15 a.m. – 8:15 a.m.)	First Child	Second Plus
Monthly	\$80.00	\$70.00 each
<b>After School Rates (End of Day – 5:00 p.m.)</b>		
Monthly (1 day per week) Circle day: M / Tu / W / Th	\$40.00	\$40.00 each
Monthly (2 days per week) Circle days: M / Tu / W / Th	\$75.00	\$70.00 each
Monthly (3 days per week) Circle days: M / Tu / W / Th	\$110.00	\$100.00 each
Monthly (4 days per week)	\$145.00	\$130.00 each
Late Pickup Fee	\$20.00	

You must pick the day(s) of the week your child(ren) will attend After Care. After Care is often at capacity. We will do our best to accommodate all requests. Full week requests receive priority.

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. Full names will not be used with student images.

I understand that all fees must be paid when requested. I understand that returned bank drafts will incur a fee of \$25.00. I understand that if my account is not kept current, my child will not be able to attend the Before and/or After Care Program.

I understand that I will be charged a \$20 fee for late pickup.

**Written notice (2 weeks) is required before withdrawal from the monthly program.** You must withdraw two weeks before the 5<sup>th</sup> of the month to avoid paying for the next month. Fees will not be pro-rated. 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

All fees will be paid via bank draft on the 5<sup>th</sup> of each month (September through May). Please complete the below information to initiate your payment plan.

Name on account: \_\_\_\_\_

\$\_\_\_\_\_ Amount to be withdrawn from this account on the 5<sup>th</sup> of each month, beginning September 5, 2023 and ending May 5, 2024. Please determine this amount from the listed fee schedule.

Bank routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

Is this account a checking or savings: \_\_\_\_\_

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