26-27 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

Questions – finance@rlscary.org

Before School Rates (7:15 a.m. – 8:15 a.m.)	**First Child**	**Third Child Plus**
Monthly	$125.00	$115.00 each
After School Rates (End of Day – 5:00 p.m.)		
Monthly (1 day per week) Circle day: M / Tu / W / Th	$100.00	$90.00 each
Monthly (2 days per week) Circle days: M / Tu / W / Th	$125.00	$115.00 each
Monthly (3 days per week) Circle days: M / Tu / W / Th	$150.00	$140.00 each
Monthly (4 days per week)	$200.00	$190.00 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.

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Student Name: _____Grade: _____

Student Name: _____Grade: _____

Student Name: _____Grade: _____

Student Name: _____Grade: _____

EMERGENCY CARE INFORMATION

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

If yes, please list child and 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 via automatic bank draft. 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. **This will be automatically added to your next draft payment.**

Written notice (2 weeks) is required before withdrawal from the monthly program. You must withdrawal two weeks before the 5th 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 5th 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 5th of each month, beginning September 5, 2026 and ending May 5, 2027. Please determine this amount from the listed fee schedule.

◯ Use the same account I have on file for tuition payments, the last 4 digits of the account number are _____

Or:

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

Things to know about Before & After Care

- **First day of Before & After Care: Monday, August 24, 2026**
- **Last day: Tuesday, May 25, 2027 (After), Thursday, May 27, 2027 (Before)**
- **Operates: Before - Monday through Friday from 7:15 a.m. – 8:15 a.m.**
  After - Monday through Thursday from end of day until 5:00 p.m.
- **Before Care is located in the gym.**
- **There will be no Before Care on inclement weather days.**
- **After care will be outside on the playground unless there is extreme weather. Please make sure your children are dressed appropriately.**
- **There will be no After Care on early release days.**
- **If you need to reach After Care between the hours of 3:00 p.m. – 5:00 p.m., call or text 984-239-3600. This is a designated After Care phone. Please put this number in your contacts. If we need to reach you during After Care, this is the number we will be calling from.**
- **Your children are very hungry after school, please make sure to pack snacks for them. No candy, please. Labeling them "After Care" helps your child remember to save the snack for after school. We encourage children not to share snacks, however, if your child has a food allergy, please speak to them about the dangers of eating food that you did not send in.**
- **Balls, toys, stuffies – yes, they may bring them with one exception (no Pokemon/trading cards). They must be willing to share! If not, they'll be asked to keep it in their backpack. Please do not send anything of significant value.**
- **Questions or concerns??? Please feel free to reach out to Deb Mahan, finance@rlscary.org**