



Resurrection Lutheran School  
After School Care Program  
2010-2011 Application

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
(Last) (First) (MI) (preferred name)

Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_  
Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ e-mail \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Attending: Full-time After School \_\_\_\_\_  
Part-time After School \_\_\_\_\_ Days \_\_\_\_\_

Please give any helpful information about your child that will help us provide a positive group experience (eating habits, special fears, likes and dislikes, etc.)

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Family Information

Father/Guardian \_\_\_\_\_ Work phone \_\_\_\_\_  
Where employed \_\_\_\_\_ Cell phone \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Work phone \_\_\_\_\_  
Where employed \_\_\_\_\_ Cell phone \_\_\_\_\_

Siblings' names and birthdates

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Are there any custodial issues we need to be aware of?

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Emergency Care Information

Does your child have any known allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

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Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference: Wake Med (Cary) \_\_\_\_\_ Rex \_\_\_\_\_ Other \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

If neither parent can be reached call:

Name and relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name and relationship \_\_\_\_\_

Phone \_\_\_\_\_

If you cannot come for your child, please give the names of persons to whom your child may be released:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

I agree that the After School Care Director or her representative may arrange transportation to a medical facility and authorize a physician other than the above-named doctor to provide emergency care to my child in the event that neither parent nor the child's doctor can be contacted immediately. I am aware that the After School Care Director may not administer any drug or medication without specific instructions from the physician or child's parent/guardian.

\_\_\_\_\_

(Signature of parent or guardian)

(Date)

Permission to Use Photos

Photographs are occasionally taken during After School Care hours by the staff. These photos may be used on bulletin boards or for other Resurrection Lutheran School activities, including brochures and our website. We will NOT include children's names with any photo.

\_\_\_\_\_ I do give my permission for RLS to use photographs that include my child.  
\_\_\_\_\_ I do NOT give my permission for RLS to use photographs that include my child.

Parent/School Agreement

Policies: I agree to abide by the policies and procedures outlined in the Resurrection Lutheran School Student Handbook and other After School Care publications. I understand that it is my responsibility to become familiar with these policies.

Tuition: I understand that all payments must be prepaid. Daily payments are made the day of service and weekly and monthly payments are made the first day of the week or month of after school care. I understand that late payments will incur late charges of \$25. I understand that if my account is not current on a weekly basis, my child will not be accepted for After School Care the following week.

Withdrawal: Two week's written notice is required before withdrawal from the monthly program. Payment for the two weeks following the withdrawal notice is required whether or not the child attends After School Care. Resurrection Lutheran School After School Care reserves the right to require the withdrawal of any student whose presence threatens the best interest of the program population.

\_\_\_\_\_  
(Signature of Parent or Guardian) (Date)

\_\_\_\_\_  
(Signature of Program Director) (Date)

Office Use Only

Application date: \_\_\_\_\_ Copy of Application to Parent  
Monthly payment: \_\_\_\_\_