

RESURRECTION LUTHERAN PRESCHOOL
Before School Care Program Registration
 (Operated by Resurrection Lutheran School)

Before School Rates (8:15 a.m. – 9:15 a.m.)	Check option	First Child	Check Option	Second Plus
Monthly	_____	\$150.00	_____	\$135.00 each
Daily	_____	\$10.00	_____	\$9.00 each

Please check your choice in the above chart. If you are not choosing a full month, please check below what day(s) your child will be attending on a regular basis:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Student Name: _____ DOB: _____ Grade: _____

Address: _____

Phone Number(s): _____

Parent Email(s): _____

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

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 Care Program of RLS and /or while using any facilities of, 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 Care Program publications. I understand that it is my responsibility to become familiar with these policies.

Photographs/videos are occasionally taken during the Before 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 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 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