

Prince of Peace Lutheran School Contract for Extended Care

Child Name:		Birth Date:	
Age:		Grade:	
Parent(s) / Guardian(s)	1.	2.	
Work Phone:	1.	2.	
Cell Phone:	1.	2.	
Home Phone:		Email:	
Address:			

	Before School Only \$2 per day	circle all that apply	Drop in	Occasionally	M	T
	W TH F					
	After School Only \$9 per day	circle all that apply	Drop in	Occasionally	M	T
	W TH F					
	Both Before and After Care \$10 per day	circle all that apply	Drop in	Occasionally	M	
	T W TH F					
	Non-School Days	Half Day (less than 5 hours) \$12	Full Day (over 5 hours) \$20			
	"Half Day" due to Early Dismissal (conferences) \$12 per day					

Availability of Extended Care:

- Extended Care is available before and after school to any student Kindergarten through 8th grade.
- If there is a weather-related change (early out, late start, or cancellation) there will NOT be Extended Care.
- Planned Early Outs (conferences), Extended Care WILL be available.
- NO MORNING OR AFTERNOON Extended Care on the first day of school.
- NO AFTERNOON Extended Care on the last day of school.
- Before School Care is 7:15 am-8:15 am
- After School Care is 2:45 pm -5:30 pm
- If child is picked up by 3:15pm there will be no charge.
- If your child is in extracurricular activities (sports, robotics, etc.), you have 15 minutes after the activity finishes to pick them up before being charged. EXAMPLE-Sport/Activity done at 4:30 pm you have until 4:45pm to pick them up before being charged.

Annual Activities Fee: Collected at beginning of each school year. This \$10 fee (per family) helps cover materials for crafts and other projects that are done throughout the school year. Fee will be added to your first monthly Extended Care invoice.

Prince of Peace Lutheran School

Extended Care Emergency Form

4770 County Road 120 North · St. Cloud, MN 56303 · (320) 251-1477

Child's Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip Code: _____
Parent/Guardian Name(s): 1. _____ 2. _____
Phone numbers: Home 1. _____ Home 2. _____
Work 1. _____ Work 2. _____
Cell 1. _____ Cell 2. _____
Email address(es): (excellent source for communication at POP): _____

Emergency Contact Information and People Authorized to Pick-Up:

****you must list two emergency contact people, not listed above****

Contact Name: _____ Address: _____
Contact Numbers: home: _____ work: _____ cell: _____

Contact Name: _____ Address: _____
Contact Numbers: home: _____ work: _____ cell: _____

Contact Name: _____ Address: _____
Contact Numbers: home: _____ work: _____ cell: _____

Medical and Dental Sources preferred for the child:

Insurance Company: _____ Policy # _____

Doctor's Name: _____ Address: _____
Phone Number: _____

Dentist's Name: _____ Address: _____
Phone Number: _____

I hereby authorize the staff of Prince of Peace Lutheran School (POP) to take whatever steps may be necessary to obtain emergency and dental care if warranted. The steps may include, but are not limited to, the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact parent or guardian through any of the people listed above.
3. Attempt to contact the child's physician and/or dentist.
4. If POP cannot contact you or your child's physician we will do any of the following:
 - a) Call another physician or paramedics
 - b) Call an ambulance
 - c) Accompany the child to an emergency hospital
 - d) Expenses incurred will be the responsibility of the family)

I hereby authorize POP to act in an emergency when a parent or emergency contact cannot be made. POP will not assume responsibility for a child who has not been signed in for the day. POP will not be responsible for anything that may happen as a result of false information given.

Signature of Parent or Guardian

Date

Photo Authorization

I here by provide authorization for taking photos of my children and using them for various promotional purposes including the Prince of Peace Lutheran School website and Facebook page, and displaying the photos on site. Parents will be notified verbally whenever possible if their child's photo will be used. By signing below, you are giving permission for Prince of Peace Lutheran School to take and use photos of your child as described.

_____ Yes _____ No

Signature of Parent or Guardian

Date

Non-Prescribed Medication Authorization

The following non-prescribed items: sunscreen lotions, insect repellants, and cough drops will be given with parental permission and according to manufacturer's instructions unless there are written instructions provided by a licensed physician or dentist.

The following is by School Personal only: Child will be given prescribed or non-prescribed oral or surface medication with physician permission. Medication must be in its original container and have a legible label with the child's name and current prescription information. Non-prescribed items (cold medicine or Tylenol) not mentioned above must be accompanied by doctors note. The administration of medication is recorded and the record is approved by the child's parent. All medications will be stored in a safe, appropriate place with access available only to designated staff. Any expired or unused portion will be returned to the child's parent or destroyed.

I hereby authorize the staff of Prince of Peace of Lutheran School to administer the checked below listed medications. I understand that no other prescribed or non-prescribed medications will be given without physician's written permission.

_____ Cough Drops (must be kept in lock box and given out by Extended Care Teacher)
_____ Sunscreen Lotions
_____ Insect Spray
_____ Lotion

Signature of parent or guardian

Date

Cell Phones and Electronic Devices

Cell Phone/Electronic Device usage is not appropriate during Extended Care, unless for school purpose. We ask that children not bring Cell Phones/Electronic Devices into Extended Care, unless for school purpose.

Signature of parent or guardian

Date

Personal Belongings

I understand that my child may bring appropriate personal belongings to POP Extended Care. I will not hold POP Extended Care responsible for replacement or repair of any items that may be lost, stolen, or broken.

Signature of parent or guardian

Date

Program Plan

By signing this form, you are acknowledging that you have received, read, and had an opportunity to ask questions, understand, and agree to abide by our POP Parent Handbook and Extended Care Program Plan. You will be kept informed of any modifications made to the Parent Handbook and/or Program Plan.

Signature of parent or guardian

Date

