

Bethlehem Lutheran After School Program

1837 Mountain Street Carson City, NV 89703

775/882-5252 Fax 775/882-3664

PICK-UP PERMISSION

Please list the person or persons who are permitted to pick up your child other than the parent or guardian. Persons NOT on this list will not be permitted to pick up your child unless a written note (NO FAX) from the parent/guardian is provided. NO EXCEPTIONS! Must have photo ID and be over 18 years of age.

Other than a parent or guardian, my child _____ may be picked
up from the center by: _____ child's name

Name	Relationship	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number

PERSON TO CALL IN CASE OF ILLNESS OR INJURY

Name	Relationship	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number
Physician's Name	Address	Phone number
Dentist's Name	Address	Phone number

My child has allergies to the following or special health problems:

I give permission to the staff of Bethlehem Lutheran to authorize medical or surgical care for my child _____ should a medical emergency arise. It is understood that a conscientious effort will be made to locate me before any action is taken, but if I cannot be reached, I will accept the expenses incurred for such emergency medical treatment.

Signature of parent/guardian Date

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PERMISSION TO RELEASE INFORMATION

I understand that the time my child, _____ is enrolled in Bethlehem Lutheran After School program, that the director may be asked for information regarding my child.

Please sign below under ONE heading only

I hereby **give permission** to release information to official persons only, who identify themselves. Including but not limited to schools, health care personnel, welfare or other government/state officials.

Signature of Parent/Guardian: _____ Date: _____

I hereby **do not give permission** to release information about my child as set forth in the aforementioned statement. I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

Signature of Parent/Guardian: _____ Date: _____

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CHILD ENROLLMENT - MEDICAL

A health examination is required for each child admitted to the center.

I have examined _____ and find that he/she is free of infectious
Name of child
and contagious diseases.

Disabling conditions, physical or mental, affecting the child's participation in group activities:

Signature of physician/nurse

Date

address

Phone number

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CONTRACT

Bethlehem Lutheran School is currently taking enrollment for the 17/18 school year for **children registered to attend Bethlehem Lutheran School.** This is on a **first come first serve basis.** There will be a **flat fee for the week, due and payable on the first day of the week.** The School Board adopted the following fee schedule on Dec. 10, 2016:

	<u>Weekly Fee</u>	<u>Registration Fee</u>
Morning Care only (7:00-8:00am)	\$25 per child	
Afternoon Care only (2:45-5:30pm)	\$40 for the first child \$35 for each additional child	\$50 per child \$50 per child
Morning & Afternoon Care (7-8 & 2:45-5:30)	\$55 for the first child \$50 for each additional child	\$50 per child \$50 per child

- Payment is due each week including times your child is sick or you take your child on vacation. Daycare **WILL NOT be open** the week of Thanksgiving, Christmas Break, and Easter Break.

Please complete and return this form **with the registration fee, remembering it's on a first come first serve basis.**

Name of student to be enrolled: _____ Grade entering _____

Please put a check mark to indicate the days and between what hours your child will be using the After School Program. Due to the number of students we have, **we are unable to accept drop-in students.**

KINDERGARTEN-8th GRADE

	M	T	W	Th	F
7:00-8:00 AM	_____	_____	_____	_____	_____
2:45-4:00 PM	_____	_____	_____	_____	_____
4:00-5:00 PM	_____	_____	_____	_____	_____
5:00-5:30 PM	_____	_____	_____	_____	_____

I have read the fee schedule and agree to pay the flat weekly amount of _____ for my child. I understand that if my account is **2 weeks in arrears** I will receive a reminder statement. **At week 3 a \$15 late fee will be added and my child's spot at the center will also be in jeopardy.** In addition, late pick-up fee of **\$10.00 per child** for every 15 minutes starting at 5:30 p.m. will be charged.

Signature of Parent or Guardian

Date

Phone number _____