

Grace Ev. Lutheran Church and School
262-251 7140 Ext. 109
Extended Care Program
Registration Form



Student Name (First/Middle/Last) _____

Grade in School _____ School Year _____

Address _____

City _____ State _____ Zip _____

Parent(s) Name _____

Home Phone Number _____ Email: _____

Mothers Work Name & Address _____

Days of the Week _____ Hours _____

Mothers Work Phone _____ Cell Phone Number _____

Fathers Work Name & Address _____

Days of the Week _____ Hours _____

Fathers Work Phone _____ Cell Phone Number _____

Emergency Contact Name and Phone

1. _____

2. _____

3. _____

OVER.....

Please check all days and times Extended Care is needed. The Program is available Monday through Friday from 6:00 a.m. to 6:00 p.m.

Monday_____

Tuesday_____

Wednesday_____

Thursday_____

Friday_____

\$36.00/child Registration Fee Paid:Date_____ Cash_____ or Check Number_____

Please list and describe any medical conditions or allergies that the Extended Care Staff should be aware of.

If needed the emergency cards on file in the Grace Lutheran School Office for the current academic year will be used for needed information. Parent signature below authorizes the use of this information as well as permission for the Extended Care Staff to call 911 for emergency medical needs.

Parent Signature _____ Date_____

Grace Ev. Lutheran Church and School
262-251 7140 Ext. 109
Extended Care Program
Child Pick-Up Authorization



The people listed below are authorized to pick up my child(ren):

Child(ren)'s name(s):

from the Grace Lutheran Church and School Extended Care Program during the school year _____.

Name	Telephone Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

PLEASE NOTE:

YOU AND YOUR DESIGNATED PICK UP PEOPLE WILL BE ASKED TO SIGN YOUR CHILD(REN) IN AND OUT OF THE EXTENDED CARE PROGRAM. ANYONE COMING TO PICK UP YOUR CHILD(REN) WHO IS NOT ON THIS LIST WILL NOT BE ALLOWED TO LEAVE WITH YOUR CHILD(REN) UNLESS AN EXTENDED CARE WORKER HAS RECEIVED A WRITTEN NOTIFICATION IN PERSON FROM THE PARENT. AT TIME OF PICK-UP THIS PERSON WILL BE ASKED FOR AN APPROPRIATE FORM OF IDENTIFICATION. THIS IS TO ENSURE THE SAFETY OF YOUR CHILD(REN) – THERE WILL BE NO EXCEPTIONS TO THIS POLICY. PARENT SIGNATURE BELOW ACKNOWLEDGES ACCEPTANCE OF THIS POLICY.

Parents Signature_____

Date _____

**GRACE LUTHERAN CHURCH AND SCHOOL
EXTENDED CARE PROGRAM
GENERAL FIELD TRIP PERMISSION FORM**



From time to time the Grace Lutheran School Extended Care Program will be taking short field trips which will take them off the grounds of Grace Lutheran School. These may include, but are not limited to, a walk along the Menomonee River, a walk to Dairy Queen or other short trip. In order for your child(ren) to be able to participate we need you to sign and return the attached FIELD TRIP PERMISSION FORM.

**PLEASE RETURN THE PERMISSION FORM TO THE SCHOOL OFFICE OR A
MEMBER OF THE EXTENDED CARE STAFF AS SOON AS POSSIBLE.**

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**GRACE LUTHERAN CHURCH AND SCHOOL
EXTENDED CARE PROGRAM
GENERAL FIELD TRIP PERMISSION FORM**

NAME/GRADE: _____

I/We authorize the above named student to attend Grace Lutheran Extended Care field trips that will take him/her off the grounds of Grace Lutheran School. I/We, the undersigned, understand that Grace Lutheran Church and School and all volunteer sponsors or supervisors assume no financial responsibility for the above named student. I/We agree to indemnify and hold harmless the Church Board of Directors, the Pastors, Church Staff, School Staff, Extended Care Staff and all approved volunteers of claims, damages, demands or causes of action resulting directly from the activities of the Grace Lutheran Extended Care Program. Further I/We authorize the following persons to secure medical treatment from a doctor or a hospital in the event the participating person(s) is/are injured at any time during this event.

PARENT/GUARDIAN SIGNATURE : _____

PARENT/GUARDIAN NAME (PRINT): _____