

LFCS EXTENDED CARE PROGRAM



LFCS is pleased to offer our families the option of an extended care program should it be required. These programs are available to families with single parent or families with both parents working. Please note the following options:

OPTION 1: Extended Kinder Care (Primary and Liberty Campus Only)

This program goes from **11:45 a.m - 3:30 p.m.** During this time children will eat lunch (ordered through our lunch program or brought from home), enrichment and play time. Children will also take a nap and are asked to bring a **nap size** pillow and blanket. Families are required to bring these items in a **XL Ziplock Storage Bag.**

Cost : \$10.00 per day

OPTION 2: After School Program 1st - 8th grades (All Sites)

During this time, students will have play time, snack time and enrichment time. Children will be checked into the extended care program at **3:40 p.m.** for the Primary and Liberty Campus and at **3:45 p.m.** at the Junior Campus.

Cost: \$5.00 per day until 4:30/ \$10.00 per day until 5:30

OPTION 3: Includes BOTH options.

This is used for ALL STUDENTS participating in minimum day extended care.

COST: \$15.00 per day until 4:30 p.m / \$20.00 per day until 5:30 p.m.

LFCs Extended Care Enrollment Form

THIS FORM MUST BE COMPLETED PRIOR TO YOUR CHILD(REN) BEING ACCEPTED INTO THE EXTENDED CARE PROGRAM... PLEASE BE ACCURATE! WE CARE ABOUT OUR KIDS AND THEIR SAFETY!

I would like to enroll my child(ren) in the extended care program:

1. Child Name _____ Grade _____ Option _____
 2. Child Name _____ Grade _____ Option _____
 3. Child Name _____ Grade _____ Option _____
-

PARENT INFORMATION:

Home Address : _____

1. **Mother** _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email: _____

2. **Father** _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email: _____

IT IS VERY IMPORTANT THAT IN THE EVENT PARENTS CANNOT BE REACHED, THAT TWO (2) ADDITIONAL NAMES AND TELEPHONE NUMBERS BE LISTED ~

1. **Other** _____ Phone _____

2. **Other** _____ Phone _____

In the event of emergency, and none of the above are available, your child will be transported by ambulance to the hospital. () Parent Initials.

Please list **all others** you authorize to pick your child up from the extended care program:

- _____
- _____
- _____
- _____

Please note that any person attempting to pick up other than those listed, will have to be verified via telephone with you **and** they will need to provide a current ID.

ACKNOWLEDGMENT OF RULES AND IMPORTANT INFORMATION

Please initial each of the following and sign at the bottom of the page.

_____ A 15% discount is offered to families with siblings also enrolled .

_____ Extended Care services are offered on a **PRE-PAID Basis**.

_____ Extended Care Services are offered until 5:30 p.m. If you will be late, please contact the office or your Extended Care coordinator as soon as possible. **LATE FEES ARE DUE AT TIME OF PICK UP!**

_____ Excessive late pickups may result in a loss of participation of the Extended Care Program.

_____ Any Medications my child(ren) are taking will be listed on the attached "Medication Authorization" sheet. A doctor and parents must sign the paperwork. It is parents responsibility notify the school updated of changes.

_____ School rules and regulations are followed during Extended Care Time.

_____ Extended Care balances must be paid in full, failure to comply may result in dismissal.

This includes NO cell phone, electronics games, toys or make-up from home being allowed.

All Food Allergies **MUST** be listed below and brought to the attention of the Extended Care Coordinator.

Childs name: _____

My Child has **FOOD ALLERGIES**: *Please note what types of food and what allergic reactions we should anticipate*

Is an **EPI-PEN** needed? _____ YES () Initial _____ NO () Initial

What is it needed for? Bees _____ Nuts _____ Other _____

Does your child have **ASTHMA**? _____ YES () Initial _____ NO () Initial

Is an **inhaler used to control the Asthma** ? _____ YES () Initial _____ NO () Initial

**IF YOUR CHILD HAS SERIOUS HEALTH ISSUES, YOU WILL NEED TO SPEAK WITH THE SCHOOL NURSE
PRIOR TO ACCEPTANCE INTO THE EXTRENDED CARE PROGRAM.**

PLEASE advise us of any other health concerns so that we can best meet your child's needs:

By signing below, I acknowledge all rules and have listed current information as required for acceptance into the LFCS, inc. Extended Care Program.

Parent Signature

Date