

After School Supervision 2014-2015

LCS offers an after school program for students in K4 through fifth grade until 6:00 PM. Students are given time to play on the playgrounds and complete homework. When choosing a plan, please note when your youngest child's carline closes and make arrangements for after school supervision according to your family's needs. **Older siblings, in elementary, will be escorted to your youngest child's carline area when they are dismissed.** When that carline closes, the teachers will escort any children who are not picked up to Supervision. If you do not sign up for a plan and you are unable to pick your child up before the carline closes, your child will be taken to Supervision. **In this event, your account will be charged a fee of \$10, per child, if you pick your child(ren) up by 3:30. If you pick your child(ren) up after 3:30, your account will be charged \$20 per child.** Therefore, we strongly encourage you to sign up for one of the program options if it is difficult for you to arrive before your youngest child's carline closes. The K4-2nd grade carlines close at 3:00 and the 3rd - 5th grade carlines close at 3:10.

Late Charges

Late charges apply for all plans. The charge is \$1.00 per minute. In order to avoid these charges, please make sure you register for the plan that will allow you plenty of time to pick up your child.

Please complete the reverse side of this form and submit to the business office.

LCS After-School Supervision 2014-2015 Registration Form

- Registration fee for Supervision is \$35.00 and must accompany this form.
- Please complete one form per child. Additional forms are located in the Business Office.
- Be sure to choose a plan that will meet your needs. **A late fee of \$1.00 per minute** will be charged to your account if you are later than your registered time.
- Please place a checkmark next to the schedule you prefer, and the corresponding amount will be billed to your LCS account each month.
- If your child is not signed up with a monthly plan, they will be escorted to supervision after the youngest sibling's carline closes. **This will result in a late charge of \$10.00/child if they are picked up by 3:30 p.m. After 3:30, a \$20.00 charge will be applied to your account.**

| | <u>2 days/wk</u> | <u>3 days/wk</u> | <u>5 days/wk</u> |
|------------|----------------------------------|-----------------------------------|-----------------------------------|
| Until 4:00 | <input type="checkbox"/> \$32/mo | <input type="checkbox"/> \$48/mo | <input type="checkbox"/> \$75/mo |
| Until 4:30 | <input type="checkbox"/> \$48/mo | <input type="checkbox"/> \$72/mo | <input type="checkbox"/> \$113/mo |
| Until 5:00 | <input type="checkbox"/> \$64/mo | <input type="checkbox"/> \$96/mo | <input type="checkbox"/> \$150/mo |
| Until 5:30 | <input type="checkbox"/> \$80/mo | <input type="checkbox"/> \$120/mo | <input type="checkbox"/> \$188/mo |
| Until 6:00 | <input type="checkbox"/> \$96/mo | <input type="checkbox"/> \$144/mo | <input type="checkbox"/> \$225/mo |

"Drop In" rate = \$20/day (length of time is not specified; 3:30 p.m. – 6:00 p.m.)

STUDENT INFORMATION

Student's Name _____ Grade _____ Gender _____ Age _____
 Home Address _____ City _____ State _____ Zip _____
 Child lives with _____ Home Phone _____
 ****Are there any unusual custody circumstances? YES / NO
 If so, please explain: _____

MOTHER'S INFORMATION

Name _____ Cell Phone _____
 Workplace _____ Work Phone _____

FATHER'S INFORMATION

Name _____ Cell Phone _____
 Workplace _____ Work Phone _____

MEDICAL INFORMATION

Doctor's Name _____ Doctor's Phone _____
 Dentist's Name _____ Dentist's Phone _____
 In the event your child has to be transported to a hospital, please list your hospital preference: _____

MEDICAL CONDITIONS

Are there any severe allergies or medical conditions? YES / NO
 If so, please describe: _____

AUTHORIZED PICK-UP

I understand that a valid photo ID will be required in order for my child to be released. I authorize the following individuals to pick up my child:

1. _____ Home Phone _____ Work Phone _____
2. _____ Home Phone _____ Work Phone _____
3. _____ Home Phone _____ Work Phone _____
4. _____ Home Phone _____ Work Phone _____

**If you have any questions related to Supervision, please contact the Elementary Office.

Parent Signature: _____ Date _____