

RIVERVIEW LUTHERAN CHURCH AND SCHOOL

AFTER SCHOOL CARE PROGRAM

GENERAL INFORMATION

Times:

- Care is offered from 11:00am – 3:15pm and 3:15pm – 5:30pm on all full school days. No care is offered on early dismissal days or on days when there is no school.

Registration:

- Families are required to register their children for the program.

Payment:

- Fees for after school care are \$4.25 for the first hour or any fraction of the first hour and then billed by the quarter hour for time following the first hour. After 5:30, if a child is still in ASC, the charge for the parent(s) is \$1.00 per minute until the child is picked up.
- Fees are billed at the end of each month and are due by the 15th of the following month.
- If fees are not paid by the 15th of the following month your child will not be allowed to use the Wrap Around/After School Care program until payment is received.
- Families may check their balance with the Accounting Office at any time.

Riverview Lutheran School Wrap Around or After School Care Program Registration Form

Please Print Clearly in Ink.

Child's Name: _____

Grade: _____ Date of Birth: __/__/__ Sex: M or F

Known Allergies or Health Concerns: _____

Child's Name: _____

Grade: _____ Date of Birth: __/__/__ Sex: M or F

Known Allergies or Health Concerns: _____

Child's Name: _____

Grade: _____ Date of Birth: __/__/__ Sex: M or F

Known Allergies or Health Concerns: _____

Child's Name: _____

Grade: _____ Date of Birth: __/__/__ Sex: M or F

Known Allergies or Health Concerns: _____

Father's Name: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Address: _____

Occupation: _____ Employer: _____ Work Hours: _____

Mother's Name: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Address: _____ (If different than father's address)

Occupation: _____ Employer: _____ Work Hours: _____

Child lives with: Both Parents Father Mother Other _____

Parental Status: Single Married Divorced Separated Either Deceased

Contact if child is not picked up at scheduled time: _____

Phone Number: _____

Emergency Contact: (Approved guardians for release of child.)

Name: _____ Relationship to Child: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Name: _____ Relationship to Child: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Child's Physician: _____ Phone Number: _____

Clinic Name: _____ Address: _____

Permission granted to After School Program Staff to permit emergency care: Yes No

I certify that all of the above information is accurate and grant permissions where required. I have also read all the After School Care policies and agree to abide by them.

Parent's Signature

___/___/___
Date

Parent's Signature

___/___/___
Date