

**Laurel Nokomis School Childcare Program**

**Registration 2020-2021 - \$25.00 Non Refundable Family Registration Fee**

FULL TIME \_\_\_\_\_  
AM \_\_\_\_\_ PM \_\_\_\_\_

PART TIME \_\_\_\_\_  
AM \_\_\_\_\_ PM \_\_\_\_\_

Student Last Name	Student First Name	DOB	Grade	Teacher

**\*\*Medical Information:** \_\_\_YES \_\_\_NO Must attach Emergency Medical/Treatment Consent Form

**Special Custody Situation:** \_\_\_YES \_\_\_NO May NOT pick up my child: \_\_\_\_\_

**Responsible Party for Billing:** \_\_\_\_\_

**Billing Email:** \_\_\_\_\_

Parent/Guardian Last Name      First Name      Primary Phone Contact      Cell Contact #

Parent/Guardian Last Name      First Name      Primary Phone Contact      Cell Contact #

**THE FOLLOWING PERSONS HAVE MY PERMISSION TO PICK UP MY CHILD**

Name	Relationship	Home/Cell/Work Phone

Initials **\*\*PARENT/GUARDIAN AGREEMENT\*\***

1. I understand that I am responsible for timely tuition payments . (2) week past due balance will result in suspension until paid. Bills are emailed every Monday.
2. We accept advance payments, cash, check or credit cards.
3. Fees charged are a daily rate based on size of family and whether or not child qualifies for free and reduced lunch program. I am responsible for providing the Documentation of Free or Reduced Lunch to receive the After Care discount.
4. I understand that my student must abide by LNS' Code of Conduct. Three Child Care Misconduct reports may result in program suspension/dismissal.
5. \*\* I understand that only the people listed and with a photo ID will be allowed to pick up my student.\*\*
6. I will provide documentation in cases of custody situation to keep on file.
7. PICK UP TIME is BEFORE 5:30pm. Late charges are \$1.00 per minute and will be applied. Three late pick ups will result in program termination.
8. I understand the Medical Information in the LNS Childcare Policy and Procedure Handbook.
9. I have read the LNS Child Care Policy and Procedure Manual.
10. I understand that face coverings are required during morning and after school care program.

Print Name      Parent/Guardian Signature      Date

<i>Office Use Only</i>		
\$25.00 Reg. Fee Paid by: _____	Receipt #: _____	Rate Fee: _____