

Lindenwood Life Center After School Program

Year: 2018-19

Child's Name _____

Payer's Information (The person/people who will be paying on the account)

***For tax purposes, do payers need payments separated? YES ___ NO ___

Primary:

Name: _____ Relation to child (ren): _____ DOB: ___/___/___
Sex: _____ Driver's License #: _____ Email Address: _____
Home Address: _____ City: _____ ST: _____ Zip: _____
Home Phone #: _____ Cell Phone #: _____ Cell Phone Carrier _____
(Used to send text messages for important information)
Place of Employment: _____ Work Hours: _____ Work Address: _____ Work Phone #: _____

Please mark all that apply to you.

Lives With Child _____ Emergency Contact _____ Authorized to Pick-up _____

Secondary:

Name: _____ Relation to child (ren): _____ DOB: ___/___/___
Sex: _____ Driver's License #: _____ Email Address: _____
Home Address: _____ City: _____ ST: _____ Zip: _____
Home Phone #: _____ Cell Phone #: _____ Cell Phone Carrier _____
(Used to send text messages for important information)
Place of Employment: _____ Work Hours: _____ Work Address: _____ Work Phone #: _____

Please mark all that apply to you.

Lives With Child _____ Emergency Contact _____ Authorized to Pick-up _____

Emergency Contact Information (Emergency contacts are people that are to be contacted in case of emergency if we cannot reach the parent.)* Please indicate whether the emergency contact is allowed to pick-up.

Name:	Address:	Phone:	Relationship:	Pick-up?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Pick-Up Information (People other than payer's authorized to pick up.)

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

*** Please call in advance if someone other than those listed above will be picking up.

Lindenwood Life Center After School Program

Student Information:

Child's Name: _____ DOB: ____/____/____ M/F _____ Grade: _____ School: _____

Home Address: _____ City: _____ ST: _____ Zip: _____ Phone #: _____

PARTICIPATION/TRANSPORTATION/MEDIA RELEASE: Please INITIAL each section and sign at bottom

____As the parent/guardian of the above child, I give my permission for my child to be transported by Lindenwood Life Center and to participate in the activities of the after school program. I acknowledge and accept the risks of physical injury associated with the participation in Life Center activities. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representative for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

____I grant Lindenwood staff the right to take any emergency steps needed on the behalf of the safety and well-being of my child.

____I understand that the Life Center **WILL NOT** run buses on day's schools close early because of inclement weather.

____I grant Lindenwood permission to use photographs, videos, and/or audio tapes of my child for advertisements, displays, brochures etc.

____I have read the DHS licensing requirements If you need to review these rules, please visit www.in.gov.

____My child's immunization records are on file at his/her school

PARENT/GUARDIAN SIGNATURE

DATE

Medical Information

Pediatrician's Name _____ Office # _____

Hospital of Choice _____

Insurance Company _____ Policy/Group # _____

NOTICE: ALL medication, even over the counter, must be kept in A LOCKED container in the office! All medication must be in the original, labeled container and marked with the student's name. No student is to have any medication in their possession.

Parents should fill out and sign a permission/instruction form authorizing the Life Center to administer medication to their child (forms are available at the front desk). This form and the medication MUST be turned in to the office immediately upon arrival at the Life Center. Medication must be clearly marked, kept in its original container and dated. Medication left past the end of the school year will be discarded.

The Life Center will make every attempt to administer medicine or medical treatment as directed. However, the parent must accept final responsibility in making sure that their child receives their medication or treatment. It will be the sole responsibility of the parent to either communicate with the child concerning the time and location (front desk) to receive their medicine or treatment or the parent may call the front desk 15 minutes prior to the time and we will call the child to the front desk. Lindenwood may refuse to accept the responsibility if we feel that the treatment is beyond our scope of training or if the consequences of missed medicine may cause harm to the child.

SICK CHILDREN should NOT be brought to the Life Center. If a child becomes ill during the day you will be called to come pick him/her up. If a child has head lice, they will be sent home and not allowed to return to the center until treated. Each parent is responsible for regularly checking and treating their child for this very common and easily transmitted condition.

Please provide the following medical information relating to your child.

List any known allergies: _____

List any foods that your child should avoid: _____

List any medication your child should avoid: _____

List any medication your child is currently taking: _____

Please detail any medical condition or other information that may be needed by our staff in caring for your child.

Lindenwood Life Center After School Program

LINDENWOOD AFTER SCHOOL PROGRAM POLICY STATEMENT

HOURS: After School Care begins on the FIRST day of School. Buses will be at schools at the ANNOUNCED DISMISSAL TIME.

***After School Care hours are 2:30-6:30 pm.

***School's Day Out hours are 6:45am-6:30pm for Shelby County School Holidays, 7:45am-6:30pm for other holiday care.

- FEES:**
1. **Registration/Waiting List fee is \$50 per child** (\$100 family max)—enrolls for the entire school year. Registration fee is non-transferable and non-refundable. Receipt of this fee and the completed registration form secures your spot.
 2. **Program Fee is payable in 10 equal monthly installments (\$200 for one child, \$345 for two, \$435 family max).** This includes bus transportation and snack. Fees for children not needing bus transportation are \$135 per child.
 3. **Monthly installments, AUGUST thru MAY, are due on the first business day of each month.**
 4. **SDO (School's Day Out) Fees** are NOT included in the After School fees. These daily fees are due on the day of use.
 5. **LATE FEES:** Any ASP payment not received by the 10th of the month will be assessed a \$25 late fee. **Payments not received by the last school day of the month will result in services being suspended without further notice. Accounts more than 30 days past due MUST be paid in CASH or MONEY ORDER.** Re-enrollment will require payment of all past due amounts, a \$25 readmission fee and prepayment of the next month's fee.
 6. **LATE PICK UP FEES:** \$1.00 per minute after the announced closing time.
 7. **RETURNED CHECK FEES:** \$30 per check. Payment of the value of the check plus the return fee must be submitted IN CASH or MONEY ORDER within 10 days or service will be suspended. Parents will be responsible to pay all legal and court fees or charges from agencies to which accounts are turned over for collection. Returned checks that are not promptly honored will be turned over to the Attorney General's Office for prosecution. After two returned checks the account will be flagged as CASH ONLY and only cash or money orders will be accepted for payment.
 8. **NO statements or invoices will be sent.** Receipts are available by request (monthly or year-end). We are happy to assist you with reimbursement forms for your employer.
 9. **Withdrawal---MUST provide one week's written notice.** (Fee's will be applied through the given week).

RIGHT TO REFUSE SERVICE: Lindenwood reserves the right to refuse after school service to families with past due accounts. Please make advance arrangements with the director or office manager if there are special circumstances regarding your payments.

BUS PROCEDURES:

1. Lindenwood bus (or a staff monitor) will be at the schools at the announced dismissal time (including scheduled ½ days).
2. Students should exit the school in a timely manner. Drivers or monitors will take attendance and bus will leave the school eight (8) minutes after the final bell. Students who miss the bus are to go to the school office and call the Life Center.
3. There is a **\$20 charge for a return bus trip**--- return trips can only be made if there is a bus available.
4. **ALL** students must wear the proper restraint device (seatbelt, harness, belt positioning booster) from the time they enter the bus until the driver has parked and dismissed them. Noise level on the bus must remain at a conversational level. No food or drink is allowed on the bus.
5. If a child is absent from school or will not need to ride the bus --- **please notify the Life Center by 1:00 pm.** (327-5433)
6. **A child is still under the supervision of the SCHOOL until they have checked in with the Lindenwood staff/driver.**

PICK-UP: An adult on the approved pick-up list must come into the Life Center and sign out the student. Photo ID may be requested. **Please call the Life Center if someone not on your list will be picking up your student.**

PHONE: The Life Center phone is a business line. Limit calls to emergency use only. Students must have staff permission to use phone.

PROHIBITED ITEMS: Cell phones, electronic toys, weapons, CD's, tapes, video games, iPods, MP3, etc. (See parent handbook for complete list)

HOMEWORK: Homework centers are open from 3:00-5:00 Monday-Thursday. All students are encouraged to complete as much homework as possible during their time at the Life Center. Counselors are available for homework assistance and the Life Center provides encyclopedias, dictionaries and other study tools.

ADDITIONAL OPPORTUNITIES: The Life Center offers many activities during and after the after school program. Activities include Chess, Gymnastics, Power Tumbling, Girl Scouts, Sports, Theater, Youth Group, etc. Some programs may be offered by an outside agency and may involve additional fees.

I have received and read the Lindenwood After School Program Policy Statement and parent handbook. I agree to abide by the policies as stated by my signature below. Failure to abide by the policies will result in termination of after school care provided by Lindenwood Christian Church.

Parent/Guardian Signature

Date

Lindenwood Life Center After School Program

LINDENWOOD DISCIPLINARY POLICY

Lindenwood Life Center Ministry strives to provide a safe, healthy, educational and fun environment for our children. We have set high standards concerning the behavior of our children. We feel this has been the desire of most of our parents. Lindenwood offers a wide variety of choices and activities which call for a high level of self-discipline from our children, a high level of commitment from our parents and a concentrated effort on the part of staff to maintain this level of behavior.

Please discuss this with your child and sign below if you feel this program is appropriate for you.

- THREE BASIC RULES FOR THE LIFE CENTER:**
1. **Respect for Staff**
 2. **Respect for others (kids)**
 3. **Respect for property and equipment**

MINOR INFRACTIONS: Include such things as running in the lobby, not listening when counselors are talking, failure to follow instructions, rudeness, name calling, etc. Minor infractions usually receive a warning, a time out, or some alternative form of correction related to the incident.

MAJOR INFRACTIONS: Include, but are not limited to:

- FIGHTING (regardless of reason—if a child throws a punch, kicks, bites, etc.)
- STEALING (taking anything that is not theirs, going through others belongings, etc.)
- PROFANITY
- WILLFUL DESTRUCTION OF PROPERTY
- BEING IN UNAUTHORIZED OR UNSUPERVISED AREAS
- LEAVING THE PREMISES WITHOUT BEING PROPERLY CHECKED OUT
- DISHONESTY (including lying to staff)
- ENDANGERING HIS/HER PERSON OR OTHERS, THREATENING OTHERS
- BRINGING ANY ITEM CONSIDERED TO BE A WEAPON ON CAMPUS
- POSSESSION OF DRUGS, ALCOHOL OR TOBACCO PRODUCTS

CONSEQUENCES:

WARNING—when a simple reminder will suffice

TIME OUT---when a child needs more than a warning, has already been warned, or repeatedly breaks a rule
Timeouts will be limited to <10 minutes for K-2nd, 5-30 minutes for older kids

ACTION RELATED TO INCIDENT---examples include cleaning up a mess that they made, retracing their path with “walking feet” if they were running indoors, etc.

LOBBY SUSPENSION---is a longer version of “time-out”. Used for more serious infractions. Parents will be required to meet with the director to assist in working out the problem and to help re-enforce the rules of the Life Center. Students in Lobby Suspension may move about the lobby, but are restricted from all other areas.

***Students in Time Out and Lobby Suspension are always permitted snack and restroom privileges.*

HOME SUSPENSION- used when a child will benefit from time away from the Life Center. Length of suspension may vary depending on severity of infraction, previous disciplinary results and parental support.

SUSPENSION OR DISMISSAL---may result from any of the following or upon recommendation of the Director.

- Severity of infraction
- After other disciplinary procedures have failed
- If we do not receive the cooperation and support of the parent to correct the problem
- Parents who are abusive or threaten staff
- Parents who are repeatedly late in picking up their child after the announced closing time
- Parents who fail to make prompt payment of fees (If there are special circumstances---Please see the Director to discuss options BEFORE your payment is late)
- Parents who fail to provide the Life Center with complete registration information needed to maintain a current and complete file as required by the Department of Human Services---including **current address & phone numbers**.

COMMITMENT FROM PARENT & CHILD: We the undersigned have read the above expectations from Lindenwood and agree to uphold and abide by these rules. We also agree to accept the consequences for breaking the above rules.

Parent/Guardian Signature

Date

Student's Signature

Date

(All above guidelines have been submitted and approved by the Department of Human Services)