

# **AFTERSCHOOL CHILDCARE**

**Grades K-5**

**SCHOOL YEAR LP KIDS**

**2020-21**



**LP Kids start date-Tuesday, September 8**

**Regular after school hours are:  
Monday-Friday: 3:00pm-5:30pm**

**LP Kids is not open during non-school days due to  
holidays & in-service days when staff needs to be at  
training**

**A new contract & forms will need to be filled out for the  
2020-21 school year.**

**You may make payments cash, check or online at  
[www.lpge.org](http://www.lpge.org) click on "online store" look for LP Kids**

**Lead Provider: Jessica Richter 970-640-1116  
LPGE Community Education: Brad Evenson- 320-732-4641**

## LP Kids 2020-21 protocol information.

- 1) If LPGE students are physically attending school in the building full time (Monday-Friday), LP Kids will be open 3:00pm-5:30pm. A fee for this service is required.
- 2) If due to changing status in covid cases LPGE students use a hybrid system- (students are in the building on a limited basis that is not 5 days per week), daycare will be available for LPGE students/children of the Tier 1 essential employees on the days the LPGE students are not scheduled to physically attend school in the building 8:00am-3:00pm. This service has no fee.

In hybrid status, Regular Afterschool LP Kids will be open 3:00pm-5:30 pm for families only for the days that LPGE students/children will physically be in the school building attending school. (LP kids is not available 3:00pm- 5:30pm on the days the child is not physically in the school building). There will be a fee for this service.

Please Note: The 3:00-5:30pm time slot will have to be financially feasible to the program in order to offer this. We would need at least 12 children registered to offer this option.

- 3) If students are distance learning, we will offer daycare for the LPGE students/children of Tier 1 essential employees 8:00am-3:00pm (there is no fee for this service) and regular afterschool LP Kids, 3:00pm-5:30pm, will not be offered.

If you have any questions regarding the information above, please contact: Mary at [mholman@lpge.org](mailto:mholman@lpge.org) or 320-732-4615.

If you have any concerns over the above policy, please contact: Mr. Evenson at [beverson@lpge.org](mailto:beverson@lpge.org) or 320-732-4641.

# LP Kids Contract and Registration

Grades K-5

**2020-21 School Year**



First Child's Name \_\_\_\_\_ Grade: \_\_\_\_\_  
Second Child's Name \_\_\_\_\_ Grade: \_\_\_\_\_  
Third Child's Name \_\_\_\_\_ Grade: \_\_\_\_\_  
Fourth Child's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Second Work Phone \_\_\_\_\_

**Pre-Payment is encouraged.**

**\*\*You are encouraged to use the online payment option!**

**Go to www.lpge.org then online store/LP Kids**

**Failure to make prompt payments will disqualify your child from the program.**

My child(ren) will be attending LP Kids on the following schedule:

## School Year

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

Please circle your child's schedule below:

**Full Time (4-5 days/week)**

\$30/week

**Part Time (1-3 days/week)**

\$20/week

**Drop In Rate:**

\$10/day/child

Additional Child(ren)

\$25/week

\$15/week

A late fee of \$10 for each 15 minutes late beginning at 5:31pm.

*\*\*\* LP Kids will be closed on major holidays & staff in-service days.*

**\*\* This registration packet must be received in the Elementary Office 5 business days prior to your child attending the School Year LP Kids Program.**

**DATE CHILD WILL BEGIN:** \_\_\_\_\_

Emergency Contact/Authorized Pick-Up People: (Other than parents listed above)

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Child \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Completed

OFFICE USE: Date received: \_\_\_\_\_

# LP Kids Emergency and Information form

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies, disabilities or special needs that we should be aware of when caring for your child.

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In case of an accident or serious injury, I request that LP Kids contact me. If LP Kids is unable to reach me, I hereby authorize LP Kids to call the local physician indicated below and follow his/her instructions. If it is not possible to contact this physician, LP Kids will use the local clinic/hospital.

Name of Family Physician: \_\_\_\_\_

Parent or Guardian signature: \_\_\_\_\_



## LP Kids Permission to Administer Non-Prescription Medication

I hereby give permission to LP Kids to administer the following non-prescription medication to

\_\_\_\_\_ (name of child)

Circle all that apply:

Children's Tylenol  
Sunscreen lotion

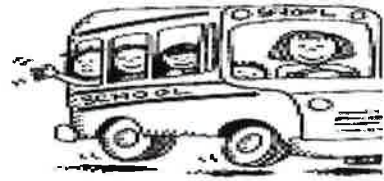
Cough Drops  
Insect Repellant

Other: \_\_\_\_\_

I understand that there are separate forms for all prescription medications that may need to be given to my child. These forms require a copy of the prescription, written directions from the physician, and must be supplied in the original container.

Signature: \_\_\_\_\_  
(Parent/ Guardian of Child)

# LP Kids Parent Permission for Field Trips



I hereby give permission for my child enrolled in LP Kids School Age Care Program to accompany the School Age Providers on local field trips around Long Prairie. (Examples: local stores, post office, fire department, nature walks, local parks.)

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Photo/Publicity/Media Permission Slip

I hereby give permission for my child enrolled in LP Kids School Age Care Program to have photos taken and printed in newspapers, newsletters, web page and the like for the sole purpose of publicizing the program, reports on program progress and sharing special events with the public. I understand that this could include the school webpage, etc..

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If your child's allergy was diagnosed by a physician, please complete this form.

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Program: \_\_\_\_\_

Allergy/s: \_\_\_\_\_

Triggers: \_\_\_\_\_

Avoidance Techniques: \_\_\_\_\_

Symptoms of Allergic Reaction: \_\_\_\_\_

Procedures for responding to allergic reaction: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Doctor's Contact Info: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

