

LP Kids Contract and Registration

Grades K-5

2018-19 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

Additional Child(ren)

\$25/week

Part Time (1-3 days/week)

\$20/week

\$15/week

Drop In Rate:

\$10/day/child

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.

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: _____

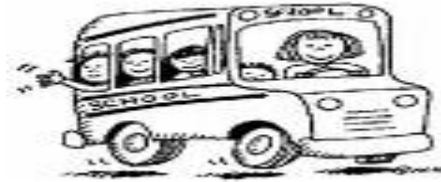
I understand that there are separate forms for all prescription medications that may need to be given to my child. These forms require a copy of the prescription, written directions from the physician, and must be supplied in the original container.

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: _____