

EXCEL – Extended Care & Learning Program

Lamb of God Lutheran School
6232 N. Jones Blvd. Las Vegas, NV 89130
Phone (702)645-1626 Ext. 105 Fax (702)645-6031

Office Use Date Received Received By

2009 – 2010 CONTRACT

Child's Name: _____ Birth Date: _____ Grade (09-10): _____

I wish to enroll my child in the EXCEL Program for:

Before & After School _____ Before School _____ After School _____

Fee are a flat rate of \$7/day and \$10/hour for drop off for all programs.

Billing

Fees will be due on the 15th of each month with the first payment due on August 1, 2008.

Withdrawal

In order to withdraw a child from this program, written notice must be given to the EXCEL Supervisor at least ten (10) working days prior to the date of withdrawal and fees are to be paid up to the withdrawal date.

Termination

The EXCEL Supervisor may terminate this contract with ten (10) working days notice. Refunds will not be made if a child is terminated from the program.

Late Pick Up Fees

The EXCEL Program is open from 7:00 a.m. to 8:15 a.m. and 3:00 p.m. to 6:00 p.m. and on early dismissal days from 12:00 p.m. to 6:00 p.m. Monday thru Friday except holidays for which school is closed as marked on the school's yearly calendar. Children are not to be dropped off prior to 7:00 a.m. Children are to be picked up no later than 6:00 p.m. Parents/guardians of any child not picked up by 6:00 p.m. will be charged one dollar (\$1.00) per child for each additional minute. Chronic lateness is considered cause for termination of this contract. The clock in the EXCEL facility will be used to determine pick-up time.

Holidays

The EXCEL Program is closed on all official school holidays as well as October 31st.

Sign In & Sign Out Procedures

Children MUST be signed in (when dropped off in the a.m.) and out (when picked up in the p.m.) of the program each day by an adult (18 years of age or older) listed on the EXCEL Drop Off & Pick Up Authorization form. This procedure is for your child's safety and must be adhered to at all times.

Medications

Medications will be administered by EXCEL staff members. Children may not have medicines in their possession and may not medicate themselves.

Illness/Injury/Emergency

Children who have had a fever, vomited or had diarrhea during the previous 24 hours may NOT attend EXCEL. If a child becomes ill or is injured while in EXCEL a parent/guardian will be notified immediately and required to pick the child up as soon as possible. Fees or credits will not be made for illness or absence.

It is the responsibility of the parent to keep all contact and emergency information current. Any changes or emergency situations can be communicated through email to blanchfieldk@lambschool.org.

Agreement

I understand that before and after school care will be provided for my child in the EXCEL program only as long as I fulfill each of the above requirements. I also understand and agree that the fees, rules, regulations, policies and procedures of this program are subject to change at the discretion of the administration but that I will receive two (2) weeks notice of any changes. Providing false or misleading information on this contract or other enrollment documents is grounds for immediate termination of this agreement and dismissal of my child from the EXCEL program.

I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS CONTRACT AND AGREE TO UPHOLD AND ABIDE BY THEM. I HAVE RECEIVED A COPY OF THIS CONTRACT.

Emergency Information Sheet
2009-2010 School Year

Child's Last Name _____ First Name _____ Date of Birth _____

Home Telephone # _____ Gender M F _____

Street Address _____ City _____ State _____ Zip Code _____

Parent/Guardian Name _____ Business Phone # _____ Cell Phone # _____

Parent/Guardian Name _____ Business Phone # _____ Cell Phone # _____

School policy is to contact parents first in case of an emergency. Authorized escort other than parent who may be called in an emergency:

Name: _____ Relationship: _____ Phone # _____ Cell phone# _____

Address: _____

Name: _____ Relationship: _____ Phone # _____ Cell phone# _____

Address: _____

Out of State Contact:

Name: _____ Relationship: _____ Phone # _____ Cell phone# _____

Address: _____

<p>(*MUST HAVE MEDICAL DIAGNOSIS*)</p> <p>An Inhaler or EpiPen must be provided to the teacher by the parent/guardian</p>	
<p>NO KNOWN DISABILITY _____</p> <p>ASTHMA/AIRWAY DISORDER* _____</p> <p>ALLERGY TO FOOD* _____</p> <p>ALLERGY TO ENVIRONMENT* _____</p> <p>DIABETES* _____</p> <p>GLASSES/CONTACTS _____</p> <p>VISUAL IMPAIRMENT * _____</p> <p>COLOR BLINDNESS* _____</p> <p>HEARING AID (R) _____ (L) _____</p> <p>HEARING IMPAIRMENT* _____</p> <p>ADD/ADHD* _____</p> <p>HYPERSENSITIVITY TO* _____</p>	<p>NEUROLOGICAL DISEASE* _____</p> <p>MUSCULAR DISEASE* _____</p> <p>ORTHOPEDIC PROBLEM* _____</p> <p>SKIN DISORDER* _____</p> <p>HEART PROBLEM* _____</p> <p>PSYCHOLOGICAL DISORDER* _____</p> <p>MIGRAINES* _____</p> <p>CANCER* _____</p> <p>SEIZURES*TYPE _____</p> <p>GENETIC SYNDROME* _____</p> <p>BLOOD DISORDER* _____</p> <p>OTHER: _____</p>

<p>NOTE: HEALTH INFORMATION WILL BE GIVEN TO TEACHER, EXCEL PROGRAM, AND LUNCH STAFF TO ENSURE A SAFE AND SUPPORTIVE ENVIRONMENT FOR EACH STUDENT.</p>	
<p>RECEIVING MEDICATION? ___ YES ___ NO IF YES, name of medication _____ NEEDED AT SCHOOL ___ YES ___ NO</p> <p align="center">*PRESCRIPTION MEDICATION WILL BE ADMINISTERED BY STAFF*</p>	
<p>Child's Physician _____</p>	<p>Phone Number _____</p>
<p>In the event of accident or illness to the above-mentioned child, I, _____, do hereby authorize Lamb of God Lutheran Preschool to secure any necessary emergency surgical or medical care. Life threatening illness/injury will result in transportation to a hospital chosen by qualified medical personnel.</p>	
<p>Date: _____</p>	<p>Signature of Parent or Guardian: _____</p>