

Independent School District #22 Community Education

Lincoln Education Center • 204 Willow Street East
Detroit Lakes, Minnesota 56501
Phone: 218-847-4418 • Fax: 218-847-9794
Web Site: www.DLCommunityEd.com

Laker Kids Registration Form

Child(ren)'s Name(s)

Parent Phone #: _____

1. _____
2. _____
3. _____

SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday

List the hours and days your child will attend. If the schedule varies, please indicate an approximate schedule.

Special Schedules

Please indicate any special times your child will not be attending (examples, vacations, special days off, etc.).

Laker Kids Enrollment Information

Child's Name Nickname Birth Date Grade & Teacher
1. _____
2. _____
3. _____

Student Address: _____ Home Phone: _____

School Attending: _____

Mother or Guardian's Name _____ **Cell Phone** _____
Employed by _____ Address _____
Work Phone _____ Work Hours _____
Home Address _____
Email _____

Father or Guardian's Name _____ **Cell Phone** _____
Employed by _____ Address _____
Work Phone _____ Work Hours _____
Home Address _____
Email _____

Health and Emergency Information

In order to insure prompt medical attention in case of an emergency we need:

Insurance Company _____ Policy Number _____
Medical Assistance Number _____

Hours and Transportation Information

Please indicate the normal hour of arrival _____ and departure _____

Brought in by _____ Picked up by _____

Please do not pick up your child without reporting to a staff person! The staff supervisor must be notified in advance if anyone other than authorized persons pick your child up. All children must be signed in and out each day. Must show photo ID.

List persons authorized to pick up child(ren) from the program: (They must provide a photo ID at time of pick up).

Name

Address

Phone

List any persons NOT authorized to take your child from the program:

Helpful Additional Information

Languages other than English the child speaks or understands _____

What kinds of experiences has your child had with groups of children? _____

Special interests or favorite activities of your child _____

Special needs of child (allergies, special diet, etc.) _____

Particular behavior difficulties or potential problems that you would like us to be aware of

Any additional information that would be helpful for us in getting to know your child _____

Contract for Payment

- I understand a \$25 annual per family, non-refundable registration fee is charged.
- I understand fees are charged at \$8 per day.
- I understand I will be charged \$5 every 15 minutes when I pick my child(ren) up after 5:30 p.m.
- I understand fees are due the Wednesday after the two weeks of care.
- I understand payments are made payable to ISD #22. You reserve the right to drop my child(ren) from the program when payment is delinquent more than one week. Any unpaid balance will be sent to collections.
- I understand I must give DLSACC a two week notice if there is a schedule change or if I withdraw my child(ren).
- I understand I must sign my child in and out on the DLSACC attendance sheet for each day my child(ren) attends. Must show photo ID.
- I understand I must notify the DLSACC in writing if someone other than an authorized person is picking my child(ren) up from the DLSACC. Must show photo ID.
- I understand I must pick up my child(ren) as soon as possible from DLSACC on emergency closings of the school day.

Signature (Parent/Guardian)

Date

Permission and Releases

CHILD(REN) NAME: _____

Liability Waiver

In consideration of my child(ren) being permitted to participate in Detroit Lakes School Age Child Care program, I agree to release, hold harmless and indemnify District #22 and any and all other organizations of whatever connection and all claims, demands, costs, losses, and expenses which I, my heirs, and personal representatives may have arising out of his/her participation in DLSACC through the use of any and all facilities connected herewith. I understand that every possible precaution will be exercised to assure the safety and welfare of my child(ren). I also understand that the school and an authorized agent shall not be responsible, financially or otherwise, should an accident occur.

Signature

City Park Permission

LatchKEY walks to other playgrounds to play on occasion. They play on the City Park Playground as well Holy Rosary and Rossman.

*A notice will be by the sign-out sheet so you know where your child is. Please make sure a staff person knows when you pick-up your child

Signature

Medical Permission

I give my consent to the supervising teacher of the Detroit Lakes School Age Child Care program to call Dr. _____, phone number; _____ should an emergency arise. In event of an emergency, I hereby give permission for my child to be taken to _____ for treatment and I will be responsible for the medical charges.

Signature

Publicity Permission

In the event the Detroit Lakes School Age Child Care program children are included in any newspaper, radio or television publicity, I give my permission for my child to be include in the pictures, etc.

Signature

Information Exchange

I hereby give my consent to exchange of information between Independent School District #22 Special Services and Detroit Lakes staff whenever such exchange would better enable either party to meet my child's needs.

Signature

Policy Agreement

I recognize my responsibility to respect the rules of the Detroit Lakes School Age Child Care program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants. I agree to be responsible for knowing the contents of the parent manual, to pay the agreed upon time, and be responsible for any damages my child might cause while participating in the Detroit Lakes School Age Child Care program.

Signature

Rollerblade/Scooter/Skateboard Permission

Roller blades, scooters and skateboards are allowed on full days and at our summer program only. Children must bring their own. No child will be allowed to use anyone else's roller blades, scooters or skateboards. Every possible precaution will be exercised to ensure the safe use of roller blades, scooters and skateboards. Should an accident occur, the Detroit Lakes Public Schools and LatchKEY staff will not be held responsible. Child(ren) **must** have a helmet.

My child(ren) have permission to use roller blades, scooters or skateboards while at LatchKEY.

Signature

Medication Permission Sheet

(TO BE COMPLETED ONLY IF ON MEDICATION)

Child's Name _____ Phone _____

Child's Address _____

I have prescribed the following medication for this child and request that dosage falling during School Age Child Care Program hours be administered by School Age Child Care staff supervisor. NOTE: Authorization is needed for non-prescription medications, also.

MEDICATION _____

Condition for which prescribed _____

Possible Side Effects: _____

Instruction for Use: _____ Dosage: _____ Time: _____

Frequency: _____ How Long? _____

(No. of Days)

DATE _____ SIGNATURE _____

(Physician)

Address: _____

Telephone No: _____

Pharmacy: _____ Phone: _____

I request the above medication be given to my child as prescribed.

Date: _____
Signature of Parent or Guardian

CENTER STAFF: Fill in date, time and initials whenever dispensing medicine.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

DISPOSITION OF MEDICINE: Returned to Parents _____ Date: _____

Allergy Information

(TO BE COMPLETED ONLY IF YOUR CHILD HAS A MEDICALLY DIAGNOSED ALLERGY)

Child's Name: _____

Age: _____

Allergy/s: _____

Triggers: _____

Avoidance techniques: _____

Symptoms of allergic reaction: _____

Procedure for responding to allergic reaction: _____

Medication: _____

Dosage: _____

Physician contact information: _____

Signature: _____

Date: _____

Child Release Form

(To be completed ONLY IF your child is leaving the premises without an adult for things such as band lessons or to walk home)

In consideration of my child being permitted to be released from the DL SACC Program at a specially prescribed time, I agree to release, hold harmless and indemnify District #22 and any and all other organizations of whatever connection and all claims, demands, costs, losses, and expenses which I, my heirs and personal representative may have arising out of his/her leaving the DL SACC prior to the parent/guardian arriving.

Child's Name _____

Address _____

City _____ Phone _____

*Parent/Guardian signature _____

Person released to _____

Address _____

City _____ Phone _____

*Signature _____