EAGLES' CARE PROGRAM REGISTRATION FORM 2026 - 2027
Loganville Elementary School

_____ Weekly Morning care only _____ Weekly Afternoon care only _____ Both Morning & Afternoon care _____ Drop-in

_____ **Pickup Restrictions** _____ **Medical Restrictions** _____ WCPS Employee (BOE/School: _____)

_____ _____ Male or Female _____ _____ Child's
Name Date of Birth Circle One Grade Teacher

_____ _____ Male or Female _____ _____ Child's
Name Date of Birth Circle One Grade Teacher

_____ _____ Male or Female _____ _____ Child's
Name Date of Birth Circle One Grade Teacher

1. _____/_____ _____
Account Owner's Name Relationship Email

_____ Cell Phone _____Work Number_____Home

2. _____/_____ _____
Account Owner's Name Relationship Email

_____ Cell Phone_____ Work Number_____Home

Please list the names and phone numbers of emergency contacts and/or individuals authorized to pick up your child from Eagles' Care (other than account owners listed above). Your child will not be released to anyone not listed below. A valid picture ID must be provided at checkout. Additional names may be listed on the back. Please notify directors of any changes during the school year.

Name: _____Relationship: _____ Phone number: _____

Name: _____Relationship: _____ Phone number: _____

Please list anyone who **MAY NOT** pick up your child from the LES Eagles' Care Program. **(A copy of custodial records must be on file in the school office.)** _____

If your child has **any special needs** due to allergies, diet, medical, etc., please list below. (Use back if needed.)
_____

Please initial after reviewing each item below:

_____ I understand that the Eagles' Care program is not a licensed childcare facility. I also understand the program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

_____ I understand that the Eagles' Care program will operate only on days when Walton County Public Schools are in session. The program will **NOT** operate during any break, teacher workday, or any other day when school is not in session.

_____ I understand that if school is dismissed early due to inclement weather, the Eagles' Care program will **NOT** be in session and students will be dismissed as indicated in the school registration packet.

_____ I understand it is my responsibility to maintain an up to date account balance and have read and understood the late payment policy.

_____ I understand my child may be dismissed for discipline infractions, or at the discretion of the school administration.

_____ I understand that parents must walk students into the building to sign in/out electronically for morning/afternoon care.

_____ My child HAS permission to watch a PG movie during Eagles' Care.

Students will adhere to the Walton County Public Schools Code of Conduct while attending the LES Eagles' Care Program. I, the parent/guardian of the above named student(s), will assume liability for accidents and injuries incurred during the Eagles' Care Program. **In the event of an emergency, I authorize the person(s) in charge to seek immediate medical attention for my child.**

Parent/Guardian Signature_____ Date_____