

# **Riverview Lutheran School After School Care Program General Information**

## **Times:**

- Care is offered from 11:00am – 5:30pm on all full school days. No care is offered on early dismissal days or on days when there is no school.

## **Registration:**

- Families are required to register their children for the program.

## **Payment:**

- Fees for after school care are \$4.25 for the first hour or any fraction of the first hour and then billed by the quarter hour for time following the first hour. After 5:30, if a child is still in ASC, the charge for the parent(s) is \$1.00 per minute until the child is picked up.
- Fees are billed at the end of each month and are due by the 10<sup>th</sup> of the following month.

# Riverview Lutheran School Wrap Around or After School Care Program Registration Form

Please Print Clearly in Ink.

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

Grade: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Sex: M or F

Known Allergies or Health Concerns: \_\_\_\_\_  
\_\_\_\_\_

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

Grade: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Sex: M or F

Known Allergies or Health Concerns: \_\_\_\_\_  
\_\_\_\_\_

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

Grade: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Sex: M or F

Known Allergies or Health Concerns: \_\_\_\_\_  
\_\_\_\_\_

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

Grade: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Sex: M or F

Known Allergies or Health Concerns: \_\_\_\_\_  
\_\_\_\_\_

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Father's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ (If different than father's address)  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Child lives with:  Both Parents  Father  Mother  Other \_\_\_\_\_

Parental Status:  Single  Married  Divorced  Separated  Either Deceased

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Contact if child is not picked up at scheduled time: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Emergency Contact: (Approved guardians for release of child.)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_

Permission granted to After School Program Staff to permit emergency care:  Yes  No

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*I certify that all of the above information is accurate and grant permissions where required. I have also read all the After School Care policies and agree to abide by them.*

\_\_\_\_\_  
Parent's Signature

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_/\_\_\_/\_\_\_  
Date