MEMORIAL LUTHERAN SCHOOL
BEFORE & AFTER SCHOOL PROGRAM
ENROLLMENT AGREEMENT

Student's name: Last	First	Age	Date of Birth	Grade
Address: Street	City	Zip	Home Phone #	
Parent's names				
Father's work home	Father's cellular phone		Father's email	
Mother's work phone	Mother's cellular phone		Mother's email	
Names and Phone #'s of persons to call in an emergency, if parent cannot be reached. (1) (2)				
I hereby authorize the following people to pick up my child from school. (Please update as necessary.) (1) (2) (3)				

INFANT THROUGH 8th GRADE MORNING CARE

☐ 6:30-7:30 AM
$80/month

INFANT THROUGH 8th GRADE AFTER SCHOOL PROGRAM

☐ (*) 3:30-4:30 PM $80/month	☐ 3:30-5:30 PM $160/month	☐ 3:30-6:30 PM $240/month

(*) Minimum program participation is required for after school enrichment opportunities offered.

You are responsible for payment of the above rates, August through May regardless of absences, vacations, or holidays. There are no discounts for non-attendance. Payments must be made through FACTS and will be withdrawn on the same day as school tuition according to your payment plan. Partial months are not available. Please provide 30 days of notice for consideration of changes in program participation. Space is limited.

Please complete page 2.

Child's Name: _____

- For any unscheduled early drop off/late pick up, there will be a late charge of $10 per half hour (or portion of).
- After 6:30 pm when MLS is closed, there will be a late pick up charge of an additional $25 per half hour (or portion of).

Payment is required at pick-up. We accept CASH or CHECK.

Please complete the following parent statement:
My child has a **Health Care Professionals Statement** form signed by a medical professional on file in the MLS office. I also agree that my child is physically able to take part in the MLS after school program.

Parent's signature: _____

Child's Physician

Name (Please print) _____ Phone # _____

Address _____

Does your child have any special needs, chronic illnesses, or allergies?

If yes, please list: _____

In the event of a medical emergency, when I cannot be reached, I hereby give permission to MLS staff to obtain medical emergency care and to transport my child for emergency medical treatment.

Parent's signature: _____ Date: _____

I have read and will comply with the MLS Before and After School Program Contract and Fee Schedule. I agree to full parental cooperation and philosophical support of the mission of the School and adherence to the policies, standards, and guidelines as detailed in the MLS Family Handbook.

Signature (s) of Parents or Guardians (s) who are financially responsible for the student.

_____ Date _____

_____ Date _____