

**OUR REDEEMER LUTHERAN CHURCH  
AFTER CARE PROGRAM REGISTRATION FORM  
2022-2023 SCHOOL YEAR**

**THIS FORM MUST BE COMPLETED AND RETURNED WITH THE MEDICAL FORM PRIOR TO YOUR CHILD'S FIRST DAY AT OUR REDEEMER LUTHERAN CHURCH'S AFTER-SCHOOL CARE PROGRAM.**

**PLEASE MAKE REGISTRATION FEE CHECK PAYABLE TO OUR REDEEMER LUTHERAN CHURCH**

**REGISTRATION FEE: (\$50 1<sup>st</sup> child/ \$25 each additional)**

CHILD'S NAME \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Town/Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade September 2022 \_\_\_\_\_

**Days Attending:**    Monday            Tuesday            Wednesday            Thursday            Friday

(Please circle the days your child will attend on a regular basis)

**PARENT/GUARDIAN INFORMATION:**

**Mother** \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Hours \_\_\_\_\_

**Father** \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Hours \_\_\_\_\_

**WHO CAN YOUR CHILD BE RELEASED TO: (please name at least 2 other persons)**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**IN CASE OF EMERGENCY, IF PARENT IS UNAVAILABLE, PLEASE CONTACT:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

⇒ PARENTS WILL ALWAYS BE CONTACTED IN THE EVENT OF AN EMERGENCY ⇐

**Dates:** Rec'd \_\_\_\_\_ Fee \$50 \_\_\_\_\_ ( \_\_\_ Cash / Check # \_\_\_\_\_ ) Medical Consent \_\_\_\_\_ Financial Agreement \_\_\_\_\_

Information Received by: \_\_\_\_\_

**MEDICAL CONSENT FORM**

**THIS FORM MUST BE COMPLETED, NOTARIZED, AND RETURNED WITH REGISTRATION FORM PRIOR TO YOUR CHILD'S FIRST DAY OF ATTENDANCE AT OUR REDEEMER'S AFTERCARE PROGRAM.**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ give permission for any emergency medical treatment to be given to my son/daughter in the event of any emergency occurring at Our Redeemer Lutheran Church After-School Program. Qualified medical personnel can administer treatment. I assume full financial responsibility for any treatment given my child and will not hold Our Redeemer Lutheran Church, its teachers, or staff responsible for any unforeseen accident.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ do/do not give permission for Our Redeemer Lutheran Church to obtain a copy of my child's medical examination form which is on file in his/her school nurse's office. I understand that Our Redeemer Lutheran Church needs this form in order to comply with State licensing regulations. If my permission **is not granted**, I will have my son/daughter examined by his/her personal physician and send a copy of the medical report to Our Redeemer for their files. Our Redeemer Lutheran Church must receive this information prior to the child's first day of attendance in the program. All information will be kept confidential.

**SPECIAL INFORMATION:** Child's Physician: \_\_\_\_\_

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

**SPECIAL INSTRUCTIONS:** (allergies, medications taken, physical limitations, etc. – **YOU MUST BE SPECIFIC**)

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to me known and known to me to be the same person described herein and who, executed the within statement, that he/she duly acknowledges to me that he/she executed the same.

Parent's Name: \_\_\_\_\_ Date \_\_\_\_\_

Notary Public: \_\_\_\_\_ My Commission Expires on: \_\_\_\_\_

(Notary stamp/seal)

## FINANCIAL AGREEMENT

Upon registration of my child, \_\_\_\_\_, at **Our Redeemer Lutheran Church After School Care Program**, we agree to pay each monthly billing in full for the 2022-2023 school year according to the following payment plan:

**Without Commitment:**

\_\_\_ \$20 per day for the first child and \$10 per day for each additional sibling, billed at the *end* of each month.

**With Commitment:**

\_\_\_ \$18 per day for the first child and \$9 per day for each additional sibling, billed at the beginning of each month. Billing will be based upon your commitment of \_\_\_\_\_ days per week *less* your scheduled days that fall on school holidays as per the Riverhead Central School District 2022-2023 School Calendar (attached). You are billed for the days in which you have committed *whether or not* your child attends.

**Example: Billing Without Commitment:** A bill dated October 1 would include days your child(ren) attended for the month of September and would be due by October 10.

**Example: Billing With Commitment:** A bill dated October 1 would include days your child(ren) expect to be in Aftercare for the month of October, paid in advance and due by October 10 whether or not your child(ren) attend.

We agree to the following policies:

1. All payments are due by the 10<sup>th</sup> of the month.
2. All payments made after the 10<sup>th</sup> of the month must include a \$10 late fee.
3. There is a \$20 service charge for checks returned by your bank due to insufficient funds. If the return of your check makes the Aftercare bill past due, you must also pay the \$10 late charge. The church may also require that all future tuition payments be made by cash or Certified Check.
4. A \$5 late fee will be imposed for every 15 minutes late in picking their child up from aftercare. Aftercare ends at 6:00 p.m.
5. Registration fees are non-refundable.

Please sign below indicating that you fully understand and will adhere to the terms of this Agreement. If you have any questions, please call the Aftercare cell at 631-375-1771.

\_\_\_\_\_  
Father's/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's/Guardian Signature

\_\_\_\_\_  
Date