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OUR REDEEMER LUTHERAN CHURCH
AFTER CARE PROGRAM REGISTRATION FORM
2025-2026 SCHOOL YEAR

THIS FORM MUST BE COMPELTED 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 1st child/ $25 each additional)

CHILD'S NAME _____ Home Phone _____

Mailing Address_____ Town/Zip_____

Date of Birth _____ Age _____

School Attending _____ Grade September 2025:_____

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**)

_____

_____

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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 2024-2025 school year according to the following payment plan:

Without Commitment:
___ $22 per day for the first child and $11 per day for each additional sibling, billed at the *end* of each month.

With Commitment:
___ $20 per day for the first child and $10 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 2024-2025 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 1st would include days your child(ren) attended for the month of September and would be due by October 10th.

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

We agree to the following policies:

1. All payments are due by the 10th of the month.
2. All payments made after the 10th 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

Card Type _____
Credit Card Number _____
Expiration Date _____
Name on Card _____
Billing Address _____

REQUIRED:
I authorize Our Redeemer Lutheran Church to charge my credit card in accordance with the information above. This authority will remain in effect until I give reasonable notification to terminate the authorization or until June 30, 2026, whichever is sooner.

Signature (as it appears on the credit card)

_____ Date _____