

School LYNC

Family Name: _____

Mother's Name: _____

Father's Name: _____

Mother's Address: _____

Father's Address: _____

City/State/Zip: _____

City/State/Zip: _____

Mother's Phone: _____

Father's Phone: _____

Mother's Employer: _____

Father's Employer: _____

Work Phone: _____

Work Phone: _____

Step - Mother's Name: _____

Step - Father's Name: _____

Step - Mother's Address: _____

Step - Father's Address: _____

City/State/Zip: _____

City/State/Zip: _____

Step - Mother's Phone: _____

Step - Father's Phone: _____

Step - Mother's Employer: _____

Step - Father's Employer: _____

Work Phone: _____

Work Phone: _____

In case of an emergency, whom should we contact first? _____

Phone: _____

Please list at least one additional emergency contact person (other than yourself) and phone number:

Please check one. Rate sheets will be provided when the government makes school decisions.

_____ Plan A - Full time care - before school AND after school care.

_____ Plan B - Half time care - before school OR after school care.

Arrival Time for AM _____

Departure Time for PM _____

_____ Plan C - Drop in care. Care for snow days and vacations.

Liability / Medical Release

In consideration of being accepted by Jefferson Community Church for participation in LYNC, I / we being the parents / legal guardian of: _____, do release and agree to hold harmless Jefferson Community Church and the directors thereof from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/legal guardian and child-participant while the child is participating in program.

I/We, on behalf of our child-participant, assume all risk of personal injury, damage, and expense as the result of participation in recreational activities involved. Authorization and permission are given to said church to furnish any necessary transportation, food, and lodging for our child-participant.

I/We, as parents/legal guardians of the child-participant give our permission for him/her to participate fully in all activities. We give our permission to take said participant to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible, but in the event that we cannot be reached, the director and /or other staff may choose a reputable physician.

Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we assume all transportation costs.

I give permission for my child's picture (but no identifying information) to be used in publicity for LYNC, which may include, but is not limited to, publication on the church website.

I further give permission for release of information regarding my child between Jefferson Community Church, LYNC staff and my child's school _____ (name of school).

I also assume all financial liability for the child care costs.

If this cost is to be split between parents, please request financial responsibility paperwork.

Parent or Guardian Signature

Parent or Guardian Printed Name

Child's Information

Please complete the section below for each child who will be attending LYNC this school year.

Child's Name:_____Gender: _____Age:_____

Birthdate:_____School:_____

Grade: (School year 2023 - 2024)_____Teacher:_____

Does your child qualify for free or reduced lunches? _____

Does your child have an Individual Education Plan (IEP) or a 504 on file with the school? _____

Are there current court orders related to the custody of your child? _____
If yes, please provide documentation.

Are there any current legal documents (i.e.court orders) that restrict a named person from having access to your child?

If yes, please provide documentation.

Please list any additional information that you feel the LYNC staff would need to know about your child as well as the most important behavioral, social, and emotional areas you would like to see your child work on.

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School LYNC Information - 2023 - 2024

In order to best meet the needs of parents and families, School LYNC is offered from 5:30 a.m. until the school bus arrives and from after school until 5:30 p.m. We will also be open on scheduled school days off, snow days, Christmas and Spring Vacation, 2-Hour delays, and delayed Wednesday start times.

Fee Schedules	First Child	Each additional child
PLAN A - FULL TIME Child attends both AM and PM Five days a week all school year long. This rate includes: scheduled school days off and school vacation days at no extra charge. THERE WILL BE AN ADDITIONAL \$10.00 / DAY CHARGE FOR THE FIRST CHILD AND \$15.00 FOR 2 OR MORE CHILDREN ON SNOW DAYS.	\$70.00 / WEEK	\$60.00 / WEEK
PLAN B - HALF TIME Child attends AM OR PM Five days a week all school year long. This rate includes: scheduled school days off and school vacation days at no extra charge. THERE WILL BE AN ADDITIONAL \$10.00 / DAY CHARGE FOR THE FIRST CHILD AND \$15.00 FOR 2 OR MORE CHILDREN ON SNOW DAYS.	\$50.00 / WEEK	\$40.00 / WEEK
PLAN C - DROP IN CARE For when your child needs occasional care. Both AM and PM care for snow days and scheduled school days off such as holidays and vacations.	\$25.00 / Day	\$23.00 / day
	15.00 / Half Day	\$13.00 / half day

NOTE: IF YOUR CHILD REQUIRES TRANSPORTATION TO ORCHARD VIEW, THERE IS A \$5.00 PER WEEK PER CHILD GAS SURCHARGE FOR THIS SERVICE.

Registration Fees

There is a \$40.00 NON-REFUNDABLE registration fee for each child.

The registration fee secures a spot for your child. Your registration fee for School LYNC is applied to your registration fee for Summer LYNC 2024. School LYNC registrants receive early registration for Summer LYNC 2024.

What if my child is absent?

You are paying for your child's secured spot. In the event of absences, the price remains the same. In the event of a severe illness lasting over 10 days, contact the director for arrangements.

It is to be noted that the parent who registers the child is responsible for the fees charged.