

St. Luke School and Early Learning Center

318 11th Street
Columbus, Georgia 31901
Bill Shelnett, Head of School
Sarah McLendon, ELC Director
706-256-1301

Before and After School Enrollment Agreement Packet 2018-2019

Student Name _____

Parent Name _____

Address _____

Home Phone _____ Work Phone _____

E-Mail Address _____

Teacher _____ Grade _____

1.) My child will be participating in the following program:

Before & after school care (7:30—8:15 and 3:15—6:00) - \$68.00/week

Morning care begins in Stockwell Hall at 7:30. At 8:15 students are escorted to their buildings. Breakfast is served between 7:30 and 8:10.

At 3:15 dismissal, students will be escorted to the Early Learning Center for after school care.

Please indicate if you will be using before/after or both:

_____ Before only _____ After only _____ Before & After

_____ **Occasional drop in care:** available only if there is space. Arrangements for the drop in service **MUST** be made in advance through the ELC (706-322-2703) before having the student stay. Fees for drop in are **\$26/day** payable at pickup on the day of these services.

_____ **Van Riders (3:00-6:00) - \$88.00 per week.** (This is for siblings of students currently enrolled in St. Luke ELC who attend Britt David Elementary).

2.) **Please read and initial below** (your initials indicate your acceptance of the following policies):

_____ **A \$35 registration is due before your child may attend the after school program. This fee is applicable to all full time and occasional students.**

_____ Any changes in services for before or after care will require a **two week written notice**. You will be charged for the services for which you enroll above.

_____ Our attendance policy is as follows: **All students who are enrolled in the school age program are charged the regular weekly fee even if they are not in attendance.** The only exception to this policy is during Thanksgiving Break, Christmas/New Year Break, and Spring Break when parents *are* given the option to sign up for care.

_____ Parents are charged \$1.00 per minute when students are picked up after 6pm. All before and after care checks must be made out to the ELC.

3.) **Please attach the \$35 registration fee to this form and return to the Early Learning Center.**

Parent Signature/Date



St Luke Early Learning Center

300 11th Street
Columbus, Georgia 31901
Sarah McLendon, Director
706 322-2703



Dear ELC School Age Parent,

Our Center participates in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP), which is administered at the state level by Bright from the Start: Georgia Department of Early Care and Learning. Please assist us in our participation by completing and returning the enclosed Income Eligibility Statement as soon as possible. Current guidelines require these forms to be signed by the parent or guardian and on file for all children in the Center. The form will be treated as **confidential** information.

All forms must include completion of:

- PART I—name of child
- PART III B—enrollment information
- PART IV—signature of parent or guardian

Additional information need only be completed if household is income eligible as per the attached income guidelines.

In the operation of USDA's food service programs, no one will be discriminated against because of race, color, national origin, sex, age or disability. The Child and Adult Care Food Program is an equal opportunity program. If you believe you or anyone else has been discriminated against because of race, color, national origin, sex age or disability, write immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800)795-3272 or (202) 720-6382.

If you have questions about completion of this form please call Sarah McLendon at 706-322-2703. Completion of these forms is time sensitive. Thank you in advance for your cooperation.

Sincerely,

Sarah McLendon
Director



ST. LUKE EARLY LEARNING CENTER
STUDENT HEALTH RECORD
SCHOOL YEAR 2018-2019

Student Name: _____ Birthday: _____

Teacher's Name: _____ Class: _____ Sex: Male _____ Female _____

Student Address: _____ Zip Code: _____

Mother/Guardian: _____ Home Phone#: _____ Work Phone #: _____

Father/Guardian: _____ Home Phone#: _____ Work Phone #: _____

Special Health Problems (Check all which apply and explain below):

- | | | | |
|--|--------------------------|-------------------------------------|-------------------|
| ____ Asthma | ____ Epilepsy (seizures) | ____ Insect Sting Allergy | ____ ADD/ADHD |
| ____ Diabetes | ____ Kidney problems | ____ Physical Handicap | ____ Milk Allergy |
| ____ Heart Condition | ____ Wears Glasses | ____ Drug Allergy (name drug) _____ | |
| ____ Hearing Aid | ____ Prosthesis | ____ Braces | ____ Other |
| ____ Food Allergy (list food allergic to): _____ | | | |

Please explain any medical conditions or problems that your child has had that may or may not present a problem while at school:

Any hospitalizations or surgeries in the past? _____ Yes _____ No Explain: _____

List any and ALL medications student is presently taking: _____

Reason for medication(s): _____

Is there a medical reason which prohibits this student's participation in physical education? _____ Yes _____ No

Is there an allergy which prohibits this student's participation in the food program? _____ Yes _____ No

If yes, please supply doctor's statement for school files.

Physician's Name: _____ Phone#: _____

Physician's Address: _____

The Early Learning Center has my permission to call an ambulance to transport my child to the hospital in an emergency if the Parent/Guardian cannot be reached or if the situation warrants immediate medical attention prior to parent notification _____ Yes _____ No

Parent/Guardian: _____ Date: _____