



# LH Education After School Age Care Registration

Please use one form per child. Return forms to Lynn@LHEducation.org or  
mail to PO Box 4644 Mooresville, NC 28117  
704-609-5602

## Student

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Student cell phone number: \_\_\_\_\_

## Parent/Guardians

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information:

Child's Diagnosis: \_\_\_\_\_

Please describe any current or past physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations during the course of afterschool program: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Insurance information in case of emergency: \_\_\_\_\_

LH Education's policy does not allow for medications to be given unless in emergency situations. If there is a situation where medication should be on file, please speak with the teacher or director directly.

## Emergency Contacts:

The persons listed below have consented to assume responsibility for my child in case of illness or accident until I can be reached.

Name	Phone Number	Relationship

General Polices

After school care is available Monday through Friday from 3:30 pm until 6 pm on full days of school in accordance with Iredell Statesville School days. No services are provided on school vacations, holidays or half days. Students must be signed out by someone listed on this sheet (extra sheets available upon request). Students will be able to eat a parent provided snack, get homework help, and work on social and independent living skills as well as having free time to socialize with peers. Registration has to be updated any time there is a change in status. Students must be picked up by 6 pm. There will be a \$5 fee for every 15 minutes late past pick up a student remains in care. Students who are consistently late being picked up may be asked to leave the program. LH Education requests 2 weeks notice when removing your child from the program, or payments for those two weeks will be due. Students with aggressive or self-injurious behaviors may be asked to leave the program with no prior notice.

The family registration fee of \$25.00 is non-refundable and must be paid prior to starting afterschool care. (One per family regardless of how many children are enrolled.) No student will be accepted into the program without a registration form and payment. Failure to make care payments in a timely manner will result in the termination from after school care. Payments are due each Monday of the week at a rate of \$85 per student per week.

I hereby release all pictures of my child taken by LH Education for promotional purposes and programing materials.

I give my permission to have LH Education administer sunscreen as needed or to change my child’s diaper while in their care.

Release, Indemnification and hold Harmless agreement

In consideration of participating in LH Education activities, I hereby agree to release and discharge from liability arising for negligence and its owners, directors, employees, volunteers and participants, and all other persons or entities afting for them (hereinafter referred to as “Releases”) on behalf of myself and my children, parents, heirs, assigns, personal representative and estate and also agree as follows:

1. I acknowledge that participating in LH Education activities involves known and unanticipated risks which could result in physical or emotional injury, or property damage.
2. I expressly accept and assume all risks inherent in this activity. My child/s participation in activities is purely voluntary and we elect to participate. If I feel that conditions are unsafe I will immediately discontinue participation.
3. I hold LH Education harmless from any and all attorney’s fees and costs if I chose legal action. In the event I file a lawsuit, I agree to do so in the state where Release’s facility is located and that state law shall apply.
4. I represent that I have adequate insurance to cover any injury or damage my child may suffer or cause while participating in this activity or else I agree to bear the costs of such injury and damage myself. I further represent that my child has no medical or physical conditions which could interfere with safety.
5. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Parent/Guardian Authorization

If the event that my child needs immediate medical attention for injuries or illness while at LH Education, I authorize the LH Education Staff to give my child reasonable first aid and to arrange transport to a health care facility for emergency services as needed.

I give permission for my child to participate in walking field trips.

I hereby acknowledge that either parent of the child may pick up the child during any part of the program unless there is a pertinent court documentation on file at LH Education.

I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. LH Education receives medical information that may need to be shared with medical providers.

If my child requires use and administration of an epi-pen, prescription or over the counter medicaiton, it is my responsibility to ensure that the epi-pen or medication is with my child or their belongings. If LH Education Staff is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge LH Education, its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

By signing this document, I agree that if my child is hurt on LH Education property during participation of these activities., then I or my child may be found by a court of law to have waived our right to maintain a lawsuit against parties being released. I have had sufficient time to read this entire document. I also understand by not signing, my child will not be able to participate in LH Education programs. I have read and understood this document and I agree to be bound to its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_