



# FLS PLUS

## Before and After School Care Schedule

Students Name \_\_\_\_\_ Grade \_\_\_\_\_

Students Name \_\_\_\_\_ Grade \_\_\_\_\_

Students Name \_\_\_\_\_ Grade \_\_\_\_\_

Students Name \_\_\_\_\_ Grade \_\_\_\_\_

Please indicate your anticipated schedule for drop off (AM care) and/or pickup (PM care) of your child/children.

If your days vary per month, please fill out a monthly calendar with days/times of care needed and turn in/email before the start of a new month.

Day of the Week	Drop off Time (AM only)	Pick up Time (PM only)
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\*\*\*Families will be billed based on their scheduled days unless you notify the office or FLS PLUS prior to the scheduled day\*\*\*

# Enrollment Form

## FLS PLUS Before and After School Care



**FARIBAULT**  
LUTHERAN SCHOOL

Staple Payment Here

>> ALL MUST COMPLETE <<

->> Please Write Legibly <<-

**CHILD'S FIRST NAME:** \_\_\_\_\_ **MIDDLE INITIAL:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

Gender: M or F Date of Birth: \_\_\_\_\_ Grade child will be in during **2022-2023** School Year: \_\_\_\_\_

Student new to FLS PLUS? Yes or No

When will your child *generally* attend? Before School After School Inclement Weather/Emergency/Drop In

Do you use, or plan to use, childcare assistance? Yes or No If yes, from what agency? \_\_\_\_\_

**If CHILD is RETURNING to FLS PLUS:** Confirm your account information is up to date (records available upon request), then **check the box** here and **SIGN & DATE** at bottom. Complete the following sections **ONLY** if changes are necessary.

I have reviewed my records and all information is currently accurate—unless otherwise noted below

**HEALTH/MEDICAL:** Are there any health conditions and/or prescription medications we should know about? Check all that apply. You should also coordinate your child's needs with a Licensed School Nurse.

\_\_\_\_\_ Food Allergy    \_\_\_\_\_ Seasonal Allergy    \_\_\_\_\_ Asthma    \_\_\_\_\_ ADD/ADHD    \_\_\_\_\_ Seizure Disorder/Epilepsy  
\_\_\_\_\_ Bee Sting Allergy    \_\_\_\_\_ Latex Allergy    \_\_\_\_\_ Diabetes    \_\_\_\_\_ EBD    \_\_\_\_\_ OTHER  
\_\_\_\_\_ Pet/Animal Allergy    \_\_\_\_\_ Other Allergy    \_\_\_\_\_ Cystic Fibrosis    \_\_\_\_\_ Autism    \_\_\_\_\_ Takes prescription med

[  ] Child **no longer** has health condition and/or **no longer** takes meds as **previously reported** to FLS PLUS

*If yes, please explain:* \_\_\_\_\_

**SPECIAL NEEDS:** Does child have special needs? Yes or No If yes, IEP or 504? \_\_\_\_\_ Please explain in space above.

**Parent/Guardian Information:**

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone Number \_\_\_\_\_

**EMERGENCY CONTACTS:** List all persons that you authorize FLS PLUS to contact if an emergency should occur.

<i>First+Last Name</i>	<i>Relationship to student</i>	<i>Phone Number</i>
1. _____	_____	_____
2. _____	_____	_____

**RELEASE AUTHORIZATION:** In addition to the individuals listed above, please list all persons that are authorized to pick your child up from FLS PLUS.

<i>First+Last Name AND Relation to Child</i>	<i>First+Last Name AND Relation to Child</i>
1. _____	2. _____
3. _____	4. _____

**\*\*ACKNOWLEDGEMENT\*\*** I, the undersigned, acknowledge the following: I have read, understand, and agree to be bound by all policies/procedures in the most current *FLS PLUS Handbook*. I shall keep my account in good standing at all times. I will frequently and accurately maintain my child's attendance schedule. I grant permission for the above listed persons to pick up my child. My child is permitted to attend field trips, if applicable. I consent to my child watching G- and PG-rated movies. I understand that FLS PLUS occasionally posts/publishes appropriate photos/videos of participants. I authorize FLS PLUS staff to help my child if they have a bathroom "incident" and cannot properly clean themselves. And, I authorize FLS PLUS staff to assist my child with the application of sunscreen and insect repellent if deemed necessary. I understand the above mentioned will remain in effect for the duration of the current handbook. If I do not agree with any items above, I will notify the Program Coordinator and/or Site Supervisor in writing so they may make reasonable accommodations. By signing below, I release Faribault Lutheran School, including FLS PLUS and its staff, of and from any and all liability.

Complete these sections if your child is new to PK (OR) you need to update information for an existing acct

>> ALL MUST COMPLETE <<

\_\_\_\_\_  
**SIGNATURE of Parent/Guardian**

\_\_\_\_\_  
**DATE**

**SIGN & DATE HERE**

OFFICE USE ONLY    Date Received: \_\_\_\_\_    Received By: \_\_\_\_\_    Date Enrolled: \_\_\_\_\_    Processed By: \_\_\_\_\_

Payment:  Cash     Check # \_\_\_\_\_     Credit Card POS     Bill Account    Payment Amt: \$ \_\_\_\_\_    County Assist?

SIGNATURE of Parent/Guardian

DATE



# ***FLS PLUS***

## **Before and After School Care Information**

Faribault Lutheran School is excited to offer care both before and after school in 2021-2022.

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### *Rates*

Annual Registration	must be paid before students attend	\$25.00 per family
Before School:	6:45 am - 7:45 am    price includes breakfast	\$6.00 per day
After School:	3:00 pm - 5:30 pm    price includes a snack	\$8.00 per day
<i>Late Pick Up:</i>	<i>\$10 first five minutes/ \$1.00 per minute after 5:35 pm</i>	

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Each family must complete an enrollment form and a schedule if you would like your child/children to attend before and/or after school care.



When school is not in session because of weather, FLS Plus will NOT be open.



Childcare will be billed after each month based on your set schedule and will include any additional charges that may have occurred.

Failure to pay your bill will result in discontinuation of childcare and will not resume until payment is made in full.



FLS Plus before and after school care is by set schedules.

If you need last minute/emergency care, please contact the school office at 507-334-7982.