



**OUR LADY OF GRACE EXTENDED CARE PROGRAM
ANNOUNCES
SPRING BREAK RELEASE DAY PROGRAMMING**

Date Due By: February 15, 2019

Dear Parent's,

We are happy to announce that we will be offering:



Early Release Day (1:30 – 6:00 p.m.) Friday, March 15, 2019
Vertical Endeavors (Bloomington)

Full Day Care (7:00 a.m. - 6:00 p.m.) on the following dates:

- | | |
|---------------------------|---------------------------------------|
| Monday, March 18, 2019 | MN Zoo and Omni |
| Tuesday, March 19 2019 | Good Times Indoor Play park |
| Wednesday, March 20, 2019 | History Center |
| Thursday, March 21, 2019 | Urban Air |
| Friday, March 22 2019 | Children's Museum |
| Monday, March 25, 2019 | Bowlero (Brunswick Zone XL) Lakeville |



Please return this sheet along with the parental release form. Payment is done through Smart Tuition



The cost of the program is \$29.00 Early Release
\$ 52.00/day per child for our Full day Release Day programming

Names:



**** Payment will be done through Smart Tuition

**** Remember to send a packed Lunch for your child!



If you should have any questions, please let me know.

Sharon Hierlmaier
Extended Care Director
Our Lady of Grace 612-240-3514

Parental/ Guardian Consent Form and Indemnity Agreement

Participant's Name: _____

Birth Date: _____ Sex _____

Parent/ Guardian's Name: _____

Home Address: _____

Cell Phone: _____ Business Phone: _____

Please Initial the dates that applies to your son/ daughter:

Early Release Day (1:30 – 6:00 p.m.)

_____ Friday, March 15, 2019 Vertical Endeavors

Full Day Care (7:00 a.m. - 6:00 p.m.) on the following dates:

- | | |
|---------------------------------|---------------------------------------|
| _____ Monday, March 18, 2019 | MN Zoo and Omni |
| _____ Tuesday, March `19, 2019 | Children's Museum |
| _____ Wednesday, March 20, 2019 | History Center |
| _____ Thursday, March 21, 2019 | Urban Air (Coon Rapids) |
| _____ Friday, March 22, 2019 | Good Times Playground |
| _____ Monday, March 25, 2019 | Bowlero (Brunswick Zone XL Lakeville) |

I, _____, grant permission for _____
Parent or guardian's name Child's Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/ school and the Archdiocese of St. Paul/ Minneapolis from any claims or law suits brought against the parish/ school/ Archdiocese of St. Paul/ Minneapolis by myself, my child or others, that arise out of any behavior by my child at the event/ activity described above. I also agree to pay reasonable attorney's fees or expense incurred by the parish/ school and Archdiocese in defense of such a claim/ law suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

(Name) (Phone Number)

Medication my child is taking at present: _____

Family Health Plan Carrier Number: _____

Family Doctor: _____ Phone Number _____

As parent or guardian, I agree to all of the above stated considerations and conditions.

(Signature)

(Date)