

OUR LADY OF GRACE EXTENDED CARE PROGRAM
ANNOUNCES

THE DECEMBER 6TH LATE START and CHRISTMAS BREAK RELEASE DAY
PROGRAMMING



Date Due By: November 15, 2018

Dear Parent's,

We are happy to announce that we will be offering
Late Start (7:00 am – 10:30 am)

Thursday, December 6, 2018 Come and be creative with Northern Clay Center



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

___ Thursday, December 27, 2018

PINZ Bowling

___ Friday, December 28, 2018

Leonardo's Basement



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

The cost of the Late Start program is \$29.00 per child

The cost of the program is \$ 52.00 per child per day.

Names:



**Leonardo's
BASEMENT**

**** 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:

____ Thursday, December 27, 2018

PINZ Bowling

____ Friday, December 28, 2018

Leonardo's Basement

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)