



OUR LADY OF GRACE EXTENDED CARE PROGRAM
ANNOUNCES
THE JANUARY RELEASE DAY PROGRAMMING

Date Due By: December 20, 2018

Dear Parent's,

We are happy to announce that we will be offering
****Full Day Care (7:00 a.m. - 6:00 p.m.)**

Monday, January 21, 2019

Big Thrill Factory



****Late Start (7:00 a.m. – 10:30)**

Tuesday, January 29, 2019

MN Bell Museum ExploraDome

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

The cost of the program is \$ 52.00 per child

Late Start program \$29.00 per child

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

Our Lady of Grace Extended Care

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:

_____ Monday, January 21, 2019 Big Thrill Factory (Oakdale) for Fun and Adventure!!!!

Individual(s) in Charge:

Mrs. Sharon Hierlmaier/ Staff

Estimated time of departure and return: 12:00 - 4:00

Mode of transportation to and from event: School Bus

Student cost: \$ 52.00 per student for day Release Day

\$29.00 per student Late Start program

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)