OUR LADY OF GRACE EXTENDED CARE PROGRAM ANNOUNCES THE APRIL 22TH RELEASE DAY PROGRAMMING

Date Due By: April 1, 2019

Dear Parent's,

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

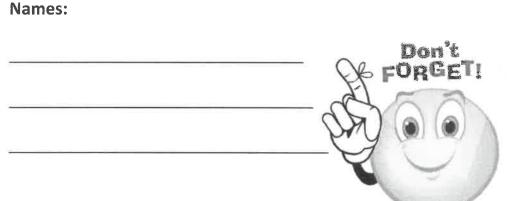


Monday, April 22, 2019 Doing Good Together

Come and work on some hands on activities to help in our community and

Air Maxx adventure in the afternoon

Please return this sheet along with the parental release form and payment. The cost of the program is \$ 52.00 per child per day.





**** You will be billed 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 612-240-351

Parental/ Guardian Consent Form and Indemnity Agreement	
Participant's Name:	
Birth Date:	Sex
Parent/ Guardian's Name:	
Home Address:	
Cell Phone:Please Initial:	Business Phone:
Monday, April 22, 2019 Individual(s) in Charge: Mrs. Sharon Hierimaler/ Staff Estimated time of departure ar Mode of transportation to and Student cost: \$ 52.00 per stud	from event: School Bus
Parent or guardian's name to participate in the above name consideration of my child's participate of St. Paul/ Minness school/ Archdiocese of St. Paul/ behavior by my child at the even attorney's fees or expense incursive law suit. EMERGENCY MEDICAL TREAT transport my child to a hospital to	ed activity and I warrant that my child is in good health. In icipation, I agree to indemnify the parish/ school and the apolis from any claims or law suits brought against the parish/ / Minneapolis by myself, my child or others, that arise out of any nt/ activity described above. I also agree to pay reasonable rred by the parish/ school and Archdiocese in defense of such a ATMENT: In the event of an emergency, I give permission to for emergency medical treatment. I wish to be advised prior to or or hospital. In the event of an emergency, if you are unable to
Family Health Plan Carrier Num Family Doctor:	(Phone Number) present: nber: Phone Number o all of the above stated considerations and conditions.
(Signature)	(Date)