



Summer PALS 2023

K - 4th Grade (Completing)

Prairie Woods Elementary/Cafetorium

May 30th—August 11th (NO PALS July 3/4/5)

Monday—Friday 7:30am - 5:30pm

Monthly and Weekly themes throughout the summer.

Class Code: 23SPALS, Sect: Summer Registration Fee: \$40 per child by May 12th

After May 12th Fee: \$50 (Registration fee is per child and non-refundable)

All forms must be completed and returned to the Community Ed Office before May 12th before attendance can start.

Return forms to Community Ed Office, email to lillebergt@isd345.org or fax 320-354-1433.

Weekly Rate: \$152.00 Full Time One Child/Each Additional Full Time Child \$138 per week

Daily Rate: \$38.00 (per child)

You may sign up for one week or all, one day or all, we try to be flexible to help families when needed. Monthly calendars must be filled out. Cancellations will be accepted up until **Wednesday** at noon the week prior. After that time, you will be charged for your days as signed up for. NO same day drop-ins will be accepted. **Students need to bring bag lunches each day they attend. They will also need a water bottle with their name on it and sunscreen that can be left at PALS. Parents not providing sunscreen will be charged and additional \$10 each time sunscreen is needed to be purchased for their child.** Special Days and events may have additional costs which you will be notified about. At this time, transportation will be by walking or van with PALS staff to Com Ed locations on School Campus in New London/Spicer. Late calendars/pickups subject to late fees.

Attendance Calendars and Payment Plan Contract on following pages. Please note due dates on the monthly calendars.

NL-S Summer P.A.L.S.

Registration and Family Information Form (Enter Grade Completing)

Name: _____ Grade Completing: _____ Gender: _____ Birthdate: _____ Shirt Size: _____

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Shirt Size Options: YS (Youth Small) YM (Youth Medium) YL (Youth Large) AS (Adult Small) AM (Adult Medium) AL (Adult Large)

Parent/Guardian 1: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City/Zip: _____

Email: _____

Parent/Guardian 2: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City/Zip: _____

Email: _____

Please list any health conditions/food allergies/concerns or issues that may potentially influence your child:

These people have permission to pick up my child/children and may be called if my child gets ill or an emergency arises and we are unable to reach you.

Name: _____ Relationship: _____ Phone: _____

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Upon registration, all participants waive and release any and all rights and claims for damage against School District #345, and the sponsoring cities and townships for any injuries or illness including Covid 19 while attending activities sponsored by NL-S Community Education & Youth Services. Parents must take responsibility for their children's behavior as they participate in any activity. If a child is disruptive, their opportunity to participate may be forfeited with no credit for missed programming. Participant and Parents will also abide by all guidelines in place due to the Covid-19 virus following school policies, MDH, and CDC.



SUNSCREEN/PHOTO PERMISSION FORM - PALS CHILDCARE

Name of Child(ren): _____
(First/Last)

Please initial and sign below all applicable information for the use of sunscreen/photos for my child(ren):

_____ I give permission for the staff at the PALS Program to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child(ren), as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 9 AM and 4 PM. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

_____ I do not know of any allergies my child(ren) has/have to sunscreen.

_____ I have provided the following brand/type of sunscreen for use for my child(ren): _____

(Families that do not provide sunscreen will be charged \$10 each time sunscreen needs to be purchased for this child)

_____ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: _____

NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!

Bring a hat to wear with your name in it to help protect you from the sun.

_____ Pictures may be taken during programs. These pictures may be used to promote future youth programs. I hereby give permission for NL-S Community Ed to use these photos in news articles and promotions.

Parent Name: _____ Signature: _____

P.A.L.S Payment Plans for Summer 2023

Please let us know how you would like your billing to be handled.

Return by May 12th

Frequency of payments:

☒ **Bi-monthly (payments taken out 1st and 15th of each month**)**

Payment Options:

_____ Credit/Debit Card number _____ Exp: _____ Security Code: _____
(Visa, Mastercard, or Discover charged bi-monthly as marked above)

Name on Card _____ Phone Number _____

_____ Electronic Funds Transfer (EFT). **Voided check must be attached.**

(To be charged bi-monthly as marked above) Must use a personal account when setting up an EFT payment

I authorize my bank to make payment to New London-Spicer PALS program. I agree that treatment of such payment shall be the same as if it were signed personally by me. Payment shall be made via the following method. * MUST ATTACH VOIDED CHECK*****

Bank Name _____ Name on Account _____

Routing Number _____ Account Number _____

I authorize said Electronic Funds Transfer charges so long as I have a commitment to New London-Spicer PALS program. I understand that cancellation of EFT authorization in no way relieves me of any obligations to fulfill contractual obligations.

Payer's Signature _____ Date _____/_____/_____

You may choose to discontinue the program by giving NL-S Community Education & Youth Services a 30-day written notice. Discontinuing the program will also revoke the electronic payment. NL-S Community Education & Youth

Services reserves the right to discontinue or limit the program due to an individual's non-payment. Collection and Attorney fees may be added to the balance of your debt in-the-event that your account may go into default. A late fee of \$25 will also incur. There will be a \$25 service charge for insufficient funds, stop payment, or account closed.

I agree to abide by this contract and fulfill my financial obligation for _____
to attend PALS. Student Name(s)

Parent Name

Phone

Date

****Bi-Monthly Payment Schedule As Follows: Payments NOT processed due to insufficient funds or closed accounts will be charged \$20/week until paid**

Weeks May 30th – June 9th

Weeks June 12th – June 23rd

Weeks June 26th – July 7th

Weeks July 10th – July 21st

Weeks July 24th – August 4th

Week August 7th – August 11th

Payment taken on June 15th

Payment taken on July 3rd

Payment taken on July 17th

Payment taken on August 1st

Payment taken on August 15th

Payment taken on August 25th

**** Payment Schedule Subject to Change**



Summer PALS Attendance

Calendar May 30th – June 30th, 2023

Child(ren)'s Name: _____

Weekly Rates:
 \$152.00 Full Time One Child/Each
 Additional Full Time Child \$138 per week
 Daily Rate: \$38.00 (per child)
 *Late calendars/pickups subject to late fees

Sun	Mon	Tue	Wed	Thurs	Fri	Sat
	May 29	May 30	May 31	June 1	June 2	3
	Memorial Day NO PALS	Summer PALS Begins				
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

***One Calendar per family unless schedules are different for each child**

--Please X on each day attending for the month

***Calendars are due back to PALS BEFORE the 15th of prior month.**

Calendars not turned in by the 15th prior month may be subject to a \$20 fee
Return calendars to the Community Ed Office, email to lillebergt@isd345.org,
or fax to 320-354-1433.

***Drop ins for same day will NOT be accepted**

***Changes to calendars must be in by Wednesday noon for the next week**

***PALS Phone number 320-354-2252 x 2627 -- Direct Room Line and For ALL Attendance Changes**
(Please leave message if no one answers – they are checked on a regular basis)

Summer PALS Attendance

Calendar July 5th – July 28th, 2023

Child(ren)'s Name: _____

Weekly Rates:

\$152.00 Full Time One Child/Each

Additional Full Time Child \$138 per week

Daily Rate: \$38.00 (per child)

*Late calendars/pickups subject to late fees

Sun	Mon	Tue	Wed	Thurs	Fri	Sat
July 2	July 3	July 4	July 5	July 6	July 7	8
	Closed For July 4 th Holiday NO PALS	Closed For July 4 th Holiday NO PALS	Closed For July 4 th Holiday NO PALS			
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

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Summer PALS Attendance

Calendar July 31st — August 11th, 2023

Child(ren)'s Name: _____

Weekly Rates:

\$152.00 Full Time One Child/Each

Additional Full Time Child \$138 per week

Daily Rate: \$38.00 (per child)

*Late calendars/pickups subject to late fees

Sun	Mon	Tue	Wed	Thurs	Fri	Sat
July 30	July 31	Aug 1	Aug 2	Aug 3	Aug 4	5
						Reminder to Register for School Year PALS
6	7	8	9	10	11	12
					Last Day of Summer PALS	

***One Calendar per family unless schedules are different for each child**

--Please X on each day attending for the month — *Calendars are due back to PALS **BEFORE** the 15th of prior month.

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