



Lutheran Social Services

Strengthening Individuals, Families and Communities

Welcome!

Thank you for your interest in Lutheran Social Services Childcare and Education Programs! If you have any questions about the following application packet feel free to contact us. We'd be happy to answer any questions you have or give you a tour of the facility. Please contact us by phone at 371-8770 or by email at learning@lsssd.org.

Please be sure to fill out and sign all of the forms in this packet. It is especially important that you include:

- 3 people that are authorized to pick up your child
- 3 Emergency Contacts
- Doctor and hospital information
- A copy of your child's **immunization records**.

With this information and the first tuition payment, your child's space in the program will be held.

Please check the program(s) in which you would like to enroll your child:

- Hilltop After-School Program
- Hilltop Summer Program
- Southern Hills Preschool
 - Full Time (Monday through Friday, 7 am - 6 pm)
 - 3 and 4 Year Olds Tues/Thurs (9 - 11:45 am)
 - 4 and 5 Year Olds Mon/Wed/Fri (9 - 11:45 am)
- Southern Hills Infant/Toddler Enrichment
 - Full Time (Monday through Friday, 7 am - 6 pm)
- Southern Hills After-School Program
- Southern Hills Summer Program
- First Reformed After-School Program
- First Reformed Summer Program
- East Side Lutheran After-School Program
- East Side Lutheran Summer Program

Desired Date of Admission: _____



Lutheran Social Services

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Childcare and Education Services

Children

Full Name: _____ Gender: M F DOB: _____
School: _____ Grade: ____ Teacher: _____

Full Name: _____ Gender: M F DOB: _____
School: _____ Grade: ____ Teacher: _____

Full Name: _____ Gender: M F DOB: _____
School: _____ Grade: ____ Teacher: _____

Legal guardian(s)

Name: _____ Home phone: _____
Home address: _____ Cell phone: _____
City, State, Zip: _____ Work phone: _____
Employer: _____ E-mail address: _____

Name: _____ Home phone: _____
Home address: _____ Cell phone: _____
City, State, Zip: _____ Work phone: _____
Employer: _____ E-mail address: _____

Person(s) responsible for payment:

Allergies

Medications: _____
Foods: _____
Other: _____

Special Needs

To be completed by staff

Wait list date: _____
Date of application: _____
Actual date of admission: _____

Authorized Child Pick-Up Information and Emergency Contacts

Please provide contacts below for a minimum of THREE emergency contacts as well as anyone you authorize to pick up your child. Indicate whether each individual is allowed to pick up your child and/or whether they should be contacted in the event of an emergency in which we cannot reach parents.

1. Name: _____ Work/Cell phone: _____
Home phone: _____ Emergency Contact: Yes No
Relation: _____ Authorized Pickup: Yes No
2. Name: _____ Work/Cell phone: _____
Home phone: _____ Emergency Contact: Yes No
Relation: _____ Authorized Pickup: Yes No
3. Name: _____ Work/Cell phone: _____
Home phone: _____ Emergency Contact: Yes No
Relation: _____ Authorized Pickup: Yes No
4. Name: _____ Work/Cell phone: _____
Home phone: _____ Emergency Contact: Yes No
Relation: _____ Authorized Pickup: Yes No

(Please attach additional names on a separate page if necessary.)

Doctor's Name: _____ Phone: _____
Clinic: _____
Address: _____
Hospital: _____ Phone: _____

Please consult the Family Handbook for the policy on medications. Please notify the staff if your child is ill with a communicable disease.

In case of emergency, I hereby give my permission for the Lutheran Social Services After School, Summer and Preschool Programs to contact my physician, clinic or hospital to transport my child when necessary, and do hereby authorize treatment in the event that I can not be contacted after reasonable effort has been made. I also assume financial responsibility for all costs incurred.

Legal Guardian

Signature _____
Name _____
Date _____

Legal Guardian

Signature _____
Name _____
Date _____

Authorization and Agreement

Please read the following and sign at the bottom.

1. I will keep Emergency Contacts, Authorized Pick-up, Immunization and Application information current.
2. I agree to follow all contract procedures and policies.
3. All payments are due on the Thursday prior to the week of service. I agree to pay at that time, if I fail to do so, I will pay a late charge of \$5.00 a week.
4. I will pick my child(ren) up by 6:00 p.m. If I am unable to do so, I will provide alternative arrangements for picking up my child. I will notify the Lutheran Social Services staff before this person arrives. If I have signed my child up for a class ending before 6:00 p.m., I will pick my child up before the arranged time.
5. I will contact Lutheran Social Services Childcare and Education Programs by 2:00 p.m. during the school year for school age care and by 8:00 a.m. for all other programs if my child will not be attending that day. If I fail to do so, staff will search for my child, contact me, and assess me a fee of \$5.00.
6. I give permission for the staff to have my child treated by medical personnel after reasonable attempts to contact me have been made.
7. I understand that Lutheran Social Services Childcare and Education Programs reserve the right to remove my child(ren) from the program due to age restrictions, parental failure to fulfill contractual agreements and when the Program is unable to meet the needs of the child and parent.
8. I will notify the Director/Program Coordinator of the Lutheran Social Services Childcare and Education Programs at least two weeks in advance before my child is withdrawn from the Program.
9. I hereby give permission for my child to be recorded by the media during general activities of the Program.
10. I hereby voluntarily grant to Lutheran Social Services permission to display photographs of my child in the classrooms and hallways. These photos may appear in a slide show or photo board to promote the program and may be shown for Teacher Appreciation Day or Church Appreciation Day.
11. I hereby give permission for my child to ride in the Lutheran Social Services van/cars to and from field trips as well as a bus contracted through School Bus Inc.
12. I verify that I have received a copy of the Lutheran Social Services privacy practices due to my child's enrollment in Lutheran Social Services Childcare and Education Programs.

Legal Guardian

Signature _____

Name _____

Date _____

Legal Guardian

Signature _____

Name _____

Date _____

Director/Program Coordinator

Signature _____

Date _____

Childcare and Education Programs

Demographics (Optional)

Family Size _____

Desired Date of Admission: _____

Family Income Level:

- | | |
|--|---|
| <input type="checkbox"/> 0 – 4,999 | <input type="checkbox"/> 35,000 – 39,999 |
| <input type="checkbox"/> 5,000 – 9,999 | <input type="checkbox"/> 40,000 – 44,999 |
| <input type="checkbox"/> 10,000 – 14,999 | <input type="checkbox"/> 45,000 – 49,999 |
| <input type="checkbox"/> 15,000 – 19,999 | <input type="checkbox"/> 50,000 – 54,999 |
| <input type="checkbox"/> 20,000 – 24,999 | <input type="checkbox"/> 55,000 – 59,999 |
| <input type="checkbox"/> 25,000 – 29,999 | <input type="checkbox"/> More than 60,000 |
| <input type="checkbox"/> 30,000 – 34,999 | |

County of Child's Residence:

- Minnehaha
 Lincoln
 Other (please list) _____

Religion:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Methodist |
| <input type="checkbox"/> Episcopal | <input type="checkbox"/> None |
| <input type="checkbox"/> Lutheran | <input type="checkbox"/> Other (please list) |

Race:

- | | |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other (please list) _____ |

Marital Status:

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Widowed | |

How did you learn about our program(s)?

- | | |
|--|--|
| <input type="checkbox"/> Church/Clergy | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Prior Service | <input type="checkbox"/> Other (please list) |
| | _____ |

Technology Student Contract and Rules

Rules for using the Internet and computers help everyone. By following the rules everyone can use the Internet to learn more about the world. Only students who follow these rules may use the Internet and other tools. Using the Internet is a responsibility and a privilege, not a right. Staff may view any student's computer use at any time in order to support the student's development as a responsible citizen.

There is content filtering software to block inappropriate websites. However, students are still responsible for thoughtful, considerate behavior on computers as they are for their general behavior in the program.

Do

- access educational material with teacher permission
- use polite language
- be kind to others
- protect computers, computer systems, or computer networks
- follow copyright laws
- use your own password with teacher permission
- use your own identity, work, mail, files, and folders with teacher permission
- protect limited resources (like paper and printer ink)
- keep personal information private
- ask a teacher if you'd like to print
- share any concerns about computer use by others with a teacher
- ask a teacher if you aren't sure about something.

Do Not

- send or display offensive messages or pictures
- use obscene or inappropriate language
- harass, insult, or attack others
- damage computers, computer systems, or computer networks
- break copyright laws
- use another user's password or attempt to decode another user's password
- misrepresent yourself
- hack
- trespass in and/or modify another user's folders, mail, work, or files
- waste limited resources (like paper and printer ink)
- give out personal information
- print without teacher permission

I agree to follow these rules and to use the Internet in a responsible way to further my education.

Student Signature: _____

Date: ___/___/___

Parent/Guardian Signature: _____

Date: ___/___/___

(Only parent signature required for Infant/Toddler and Preschool Students)

Children Walk Home Release

Please sign if you give permission for your child(ren) to walk or ride their bike home from the After-School and Summer Programs. *If you want your child(ren) to stay at the program until picked up by an authorized person, do not sign this form.*

Date _____

Time to be Released _____

Parent/Guardian Release Signature _____

Children Walk to After-School Program Release

Please sign if you give permission for your child(ren) to walk or ride their bike to the After-School Program without an LSS staff member after school (students often want to stay for school activities.) *If you want your child(ren) to always walk to the program with a staff member, do not sign this form.*

Date _____

Parent/Guardian Release Signature _____

Electronic Funds Transfer Authorization

I (we) _____, authorize Lutheran Social Services (LSS) to initiate debit entries to my (our) Checking or Savings Account indicated below at the financial institution indicated below. I (we) authorize LSS to withdraw sufficient funds to pay my (our) regular tuition and/or other childcare related fees that are due and payable. I understand that tuition will be withdrawn every Friday prior to the week of service.

Your Name Phone #

Address City State Zip

DEPOSITORY – Bank or Credit Union

Bank or Credit Union Address City State Zip

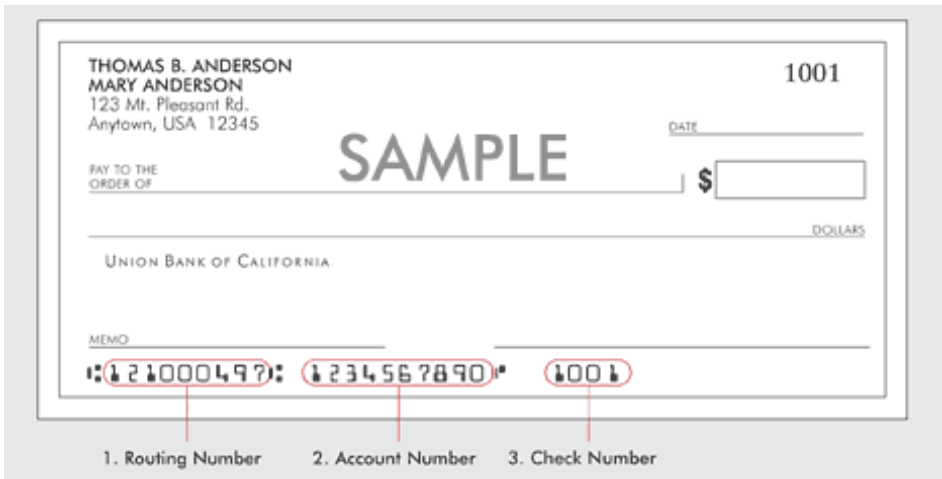
Account Type: Checking Savings

Routing Transit Number Account Number

This authorization will remain in full force and effect until I (we) notify LSS in writing of its termination in such time and in such manner as to afford a reasonable opportunity to act on it. Notices must be received at a minimum of 5 business days in advance of the termination date

Signature Date

**PLEASE ATTACH A
VOIDED CHECK!**



CACFP Enrollment Form

Please complete and/or update and sign this form and return it no later than _____.

Our agency participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement for the meals served to your child(ren). The Federal regulations for the CACFP require us to collect and update this information on an annual basis for all of our enrolled children. This information is used to confirm your child(ren)'s current enrollment in the center and thus in the CACFP. All information is confidential and will be shared with appropriate personnel and state/federal staff as needed. **Note:** The indication of racial and ethnic background is optional and will not affect eligibility for the Program. This information is used for reporting purposes only. By providing this information you will assist us in assuring that this program is administered in a nondiscriminatory manner. If racial / ethnic background is not reported, a visual identification of the child's race and ethnicity will be made.

If your child is at our program between 8:15 and 8:45am please circle breakfast. If he or she will be in attendance between 11:55am and 12:15 during the school year please circle L for lunch. If your child will be in attendance between 2:30 and 3:30 circle Sn as your child will be offered afternoon snack.

(Select one or more)

(Please circle all that apply)

Full Name(s) of Enrolled Child(ren)	* Race/ Ethnicity	Date of Birth	Normal Hours In Care	Normal Days of Care	Meals Normally Eaten While at the Facility **
			_____ to _____	M T W T F	B L S n
			_____ to _____	M T W T F	B L S n
			_____ to _____	M T W T F	B L S n
			_____ to _____	M T W T F	B L S n
			_____ to _____	M T W T F	B L S n

* **Race:** Hispanic or Latino **Ethnicity:** American Indian or Alaskan Native / Asian / Black or African American / Native Hawaiian or other Pacific Islander / White

** B = Breakfast AM = AM Snack L = Lunch PM = PM Snack Su = Supper Ev = Evening Snack

Does your child attend for holidays: yes or no

Special needs or instructions (i.e. allergies): _____

Parent Signature: _____ **Date:** _____

Annual Updates (to be completed on an annual basis after initial enrollment):

1st Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): found it to be accurate
 made changes as needed

Parent Signature: _____ Date: _____

2nd Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): found it to be accurate
 made changes as needed

Parent Signature: _____ Date: _____

3rd Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): found it to be accurate
 made changes as needed

Parent Signature: _____ Date: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Office use Only: Enrollment Date: _____	Update Date: _____	Dismissal Date: _____
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Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups:)
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

Participating

Facilities Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

Eligibility State agencies reimburse facilities that offer non-residential day care to the following children:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool care programs in needy areas.

Contact

Information If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center

OR

State Agency:

Child and Adult Nutrition Services
Department of Education
800 Governors Drive
Pierre, SD 57501
Phone: (605) 773-3413



USDA is an equal opportunity provider and employer

English Version