

Fayette Area Lions Den-Fayette Community After School Program at Fayette Elementary School-Order and Information Form-Operating on School Days Only Grades 1<sup>st</sup>-6<sup>th</sup>

Daily Schedule: 3:15pm: Ride bus or walk with adult from Elementary school to Lions Den; 3:30pm-4:30pm: Snack and homework; 4:30pm-5:00pm: Craft Time; 5:00pm- 6:00pm: Group Activity or Group Free Play Time. Parent Pick-up is between 5:30-6:00pm

Payment should be made at the beginning of each month, fee is \$60 a month, include Aug.-Sept., Oct., Jan., Feb., March, April, May. \$50 a month for Nov., Dec.

Individual weekdays 1-3 days are \$4 a day. Please check 1-3 days. M\_T\_W\_Thurs\_\_F\_

If payment is made for a \$60 month and child attends 3 days or less, a refund for 2 days may be requested at the rate of \$4 a day. School Calendar: <http://www.jcsdk12.org/wp-content/uploads/2015/02/2015-2016-Calendar.pdf>

Youth Name:\_\_\_\_\_ Grade:\_\_\_\_\_ Age:\_\_\_\_\_ Date of Birth:\_\_\_\_\_

Allergies\_\_\_\_\_

Additional Medical Information\_\_\_\_\_

Parent(s) or Guardian(s) Information

Name(s):\_\_\_\_\_

Home Address:\_\_\_\_\_

Home Address:\_\_\_\_\_

Home Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_

Cell Phone 1:\_\_\_\_\_ Email:\_\_\_\_\_

Cell Phone 2:\_\_\_\_\_

Please provide names of persons to contact if parent(s) or guardian(s) cannot be reached.

Name:\_\_\_\_\_ Home Phone:\_\_\_\_\_

Work Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_

Name:\_\_\_\_\_ Home Phone:\_\_\_\_\_

Work Phone\_\_\_\_\_ Cell Phone:\_\_\_\_\_

The above youth has permission to participate in the Fayette Area Lions Den After School Community Program(youth name)\_\_\_\_\_, for the 2015-2016 school year. I understand that the Fayette Area Lions Den will provide substantial adult supervision to curtail any possibility of injury to my child. With precautionary measures in place, should injury occur to my child, I give permission for emergency medical care at a hospital to be given to my child should treatment be needed before contact with a parent or guardian. I agree to above information and details.

Signature of parent or guardian: \_\_\_\_\_

Insurance Company and Number:\_\_\_\_\_

Family Physician Name:\_\_\_\_\_

Family Practice Address:\_\_\_\_\_

Family Physician Phone Number: \_\_\_\_\_

Please drop off form at Fayette Area Lions Den or mail with first payment to: Fayette Area Lions Den, 158 Lions Den Drive, McAlisterville PA 17049

After School Program

EMERGENCY CONTACT/ PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/ LEGAL GUARDIAN		TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD CAN BE RELEASED	NAME	ADDRESS TELEPHONE NUMBER
CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL NEEDS OF CHILD (IF ANY) OR ANYTHING ELSE WE SHOULD KNOW		ALLERGIES INCLUDING MEDICATION
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY		MEDICATIONS, SPECIAL CONDITIONS
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST-AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

\_\_\_\_\_  
SIGNATURE OF PARENT/ GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/ GUARDIAN

\_\_\_\_\_  
DATE

**PICK UP/DROP OFF FORM**

**Please list any and all persons allowed to pick up your child from after school care  
Only these persons will be allowed to sign your child out of after school care at the  
end of each day.**

**NO EXCEPTIONS!**

---

---

---

---

---

---

---

**Please take a minute and fill out this important information.**

**Parent/Guardian Name** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_