

Child's Name: _____ **Age:** _____

Lake Shore - SACC Meal/ Snack Agreement:

I understand that the Lake Shore SACC Program does not provide breakfast, lunch or a snack. By signing, I am verifying that I will send ready-to-eat nutritional food with my child that will serve as all or part of his or her breakfast, lunch or morning snack.

Signature of Parent/Legal Guardian: _____ Date: _____

Pg - Movie Permission:

On occasion, a carefully selected PG movie will be shown. I understand and give permission for my child to watch carefully selected PG rated movies while in the Lake Shore SACC Program.

Parent/Legal Guardian Signature: _____ Date: _____

Permission to Photograph Form:

Child's Name: _____

I hereby give my irrevocable permission for the child named above to be video-taped/ photographed for the purposes of showing Lake Shore Public School activities.

Signature Parent/Legal Guardian: _____ Date: _____

Field Trip Consent:

As the parent or legal guardian I grant permission for my child to attend the field trips planned for the **School Age Child Care Program**. Parents and children will be notified of each field trip, date and destination prior to the date of the trip. I understand that school personnel will use reasonable care and diligence in their supervision of this activity. Beyond that, I release Lake Shore Public Schools, and its employees and agents, from all liability for injuries sustained during the course of this activity. I further agree to hold Lake Shore Public Schools, its employees and agents, harmless from all damages or costs incurred as a result of any damages incurred or caused by my child.

If I cannot be contacted, the school is authorized to take appropriate action on behalf of my child in the case of a medical emergency. I agree that I will be responsible for any costs related to treatment as determined to be necessary by a physician.

Parent/Legal Guardian Signature _____ Date: _____

No child will be permitted to attend a field trip unless this form is signed and returned to School Age Child Care. This field trip form will be valid for the current school year.

Parent Agreement

I have read the Lake Shore Public Schools School Age Child Care Program brochure and agree to abide by the procedures outlined in the brochure. I understand that failure to abide by the procedures in the brochure may result in the dismissal of my child (children) from the program.

I understand that I must keep all necessary paperwork as required by the State of Michigan and or Lake Shore Public Schools SACC program current and up to date. I understand that my weekly schedule and tuition is due in advance by the due dates included in each activity packet. Failure to provide a schedule or pay tuition as outlined in the program brochure may result in a termination of services.

Parent/Legal Guardian Signature: _____ Date: _____

Sunscreen - I give permission for my child to use the sunscreen that I have provided as needed during.

Parent/ Legal Guarding Signature _____ Date: _____