



LCMCS Student Activity Form

PLEASE PRINT USING A BLUE OR BLACK INK AND COMPLETE ALL PAGES.

SHADED AREA FOR OFFICE USE ONLY

CHILD'S NAME:	CLASSROOM:	GRADE:
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**Trails Before and After School Care: Before Care 7:30 – 8:00 AM – After Care 3:30 – 5:30 - \$6.50 per hour (charged in ½ hr. increments)
* Families that pick up children after 5:30PM will be charged \$1.00 per minute.**

BEFORE SCHOOL CARE: (M) (T) (W) (TH) (F)	AFTER SCHOOL CARE: (M) (T) (W) (TH) (F)
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**Bus Schedule – Please Indicate the bus stop your child will use – We recommend the same stop AM & PM to avoid confusion.
If you fail to pick up your child from the bus stop, they will be brought back to the school and you will be charged \$25**

KMART BUS	MON	TUES	WED	TH	FR
PLATT BUS	MON	TUES	WED	TH	FR
WALMART BUS	MON	TUES	WED	TH	FR
ACTIVITY BUS	MON	TUES	WED	TH	FR

PARENT PICK UP:

AFTER SCHOOL PARENT PICK-UP	MON	TUES	WED	TH	FR
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Medical Release & Information

AS A PARENT OR LEGAL GUARDIAN OF THE ABOVE CHILD, I HEREBY AUTHORIZE ANY ONE OF THE STAFF (AGE 18 YEARS OR OLDER) OF LEWIS & CLARK MONTESSORI CHARTER SCHOOL, TO TRANSPORT MY CHILD VIA AMBULANCE OR VIA PRIVATE VEHICLE, AND TO GIVE THEM CONSENT TO ANY MEDICAL OR SURGICAL TREATMENT OF THE ABOVE CHILD WHICH SUCH PERSON DEEMS ADVISABLE, IF THE PARENT OR LEGAL GUARDIAN CANNOT BE REASONABLY LOCATED WHEN THE CHILD IS BROUGHT FOR TREATMENT.

THE ABOVE AUTHORIZATION WILL BE EFFECTIVE AS OF SEPTEMBER 6, 2016 AND WILL EXPIRE JUNE 16, 2017.

HEALTH INSURANCE:	GROUP #
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CHRONIC ILLNESS:

ALLERGIES (BEES, POLLEN, FOOD, ANIMALS, MEDICATIONS, ETC.)

OTHER INFORMATION RELATED TO HEALTH:

CURRENT MEDICATIONS:	DATE OF LAST DTP (TETNUS)
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PHYSICIAN:	PHONE #
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I UNDERSTAND THAT IT IS IMPERATIVE THAT MY CHILD IS WALKED INTO THE BUILDING AND SIGNED IN AND SIGNED OUT BY AN ADULT. THIS INCLUDES LATE ARRIVAL, TRAILS BEFORE AND AFTER SCHOOL, COMMUNITY LEARNING CLASSES AND OTHER SCHOOL ACTIVITIES. THANK YOU FOR HELPING US KEEP OUR CHILDREN SAFE!

I UNDERSTAND THAT ENROLLING MY CHILD IN THE LEWIS & CLARK MONTESSORI CHARTER SCHOOL, THE LCMCS TRAILS PROGRAM OR THE LCMCS COMMUNITY LEARNING CENTER ACTIVITIES MEANS THAT I AGREE TO FOLLOW ALL POLICIES AND PROCEDURES OF THE SCHOOL, AND THAT I WILL BE RESPONSIBLE FOR ALL CHARGES INCURRED WHILE MY CHILD IS ENROLLED IN THE PROGRAMS AT LCMCS. FAILURE TO KEEP CURRENT ON MONTHLY CHARGES WILL RESULT IN LATE FEES AND POSSIBLE COLLECTIONS.

SIGNED	DATE:
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NAME	RELATIONSHIP TO CHILD
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