



Lutheran Social Services
of South Dakota
Strengthening Individuals, Families and Communities

Welcome!

Thank you for your interest in Lutheran Social Services After-School, Summer and Preschool 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.

Southern Hills

Phone: (605) 371-8770

Email: shills@lsssd.org

Hilltop

Phone: (605)759-8038

Email: hilltop@lsssd.org

Please be sure to fill out and sign all of the forms in this packet. It is especially important that you include *at least 3* people that are authorized to pick up your child and *3 Emergency Contacts* along with your *doctor and hospital* information. Also, please include a copy of your child's **immunization records** before your child will be admitted in the program. With this information and the first tuition payment, your child's space in the program will be held.

Please sign the statements below in addition the other included forms:

I _____ have received a copy of the Lutheran Social Services privacy practices due to my child's enrollment in Lutheran Social Services After School, Summer, and Preschool Programs.

Signature/ Date: _____

I _____, give permission for my child, _____, to be photographed. These photos may be used by Lutheran Social Services and appear in a slide show or photo board that may be used in public places to promote the program and may be shown for Teacher Appreciation Day or Church Appreciation Day.

Signature/ Date: _____

Special Needs:

Authorized Child Pick-Up Information

Only the following will be allowed to pick-up your child. Please also add any name that might only occasionally pick up your child, such as grandparents from out of town.

1. Name: _____ Home phone: _____
Work phone: _____ Cell phone: _____
Drivers license number: _____
2. Name: _____ Home phone: _____
Work phone: _____ Cell phone: _____
Drivers license number: _____
3. Name: _____ Home phone: _____
Work phone: _____ Cell phone: _____
Drivers license number: _____
4. Name: _____ Home phone: _____
Work phone: _____ Cell phone: _____
Drivers license number: _____

Legal Guardian

Signature _____

Name _____

Date _____

Legal Guardian

Signature _____

Name _____

Date _____

Emergency Medical Authorization Form

Child's name _____ Date of birth: _____

EMERGENCY CONTACTS

In the event of an emergency and a parent cannot be contacted, the following persons will be contacted in the order listed.

1. Name _____ Relation _____
Home Phone _____ Work Phone _____
Cell Phone _____

2. Name _____ Relation _____
Home Phone _____ Work Phone _____
Cell Phone _____

3. Name _____ Relation _____
Home Phone _____ Work Phone _____
Cell Phone _____

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 6:00p.m. If I am unable to do so, I will provide alternative arrangements for picking up my child and I will notify the Lutheran Social Services staff before this person arrives. If I have signed my child up for a class ending before 6:00pm I will pick my child up before the arranged time.
5. I will contact Lutheran Social Services After-School, Summer, and Preschool Programs by 2:00 p.m. during the school year for school age care and by 8:00a.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. Lutheran Social Services After-School, Summer, and Preschool 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 After-School, Summer, and Preschool 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.

Signature/Date: _____

Signature/Date: _____

10. I hereby voluntarily grant to Lutheran Social Services, without compensation, permission to use my (our) photograph(s) and name(s) for the purpose of illustrating the Lutheran Social Services After-School, Summer and Preschool Programs.

Signature/Date: _____

Signature/Date: _____

11. I hereby give permission for my child to ride in the Lutheran Social Services After-School, Summer and Preschool Program van/cars to and from field trips as well as a bus contracted through School Bus Inc.

Signature/Date: _____

Signature/Date: _____

Legal Guardian

Signature: _____ Date: _____

Legal Guardian

Signature: _____ Date: _____

Director/Program Coordinator

Signature: _____ Date: _____

**Southern Hills After-School and Summer Program
Hilltop After-School and Summer Program
Southern Hills Preschool**

**Demographics
(Optional)**

Family Size _____

Desired Date of Admission: _____

Family Income Level:

- | | |
|-----------------------|------------------------|
| _____ 0 – 4,999 | _____ 35,000 – 39,999 |
| _____ 5,000 – 9,999 | _____ 40,000 – 44,999 |
| _____ 10,000 – 14,999 | _____ 45,000 – 49,999 |
| _____ 15,000 – 19,999 | _____ 50,000 – 54,999 |
| _____ 20,000 – 24,999 | _____ 55,000 – 59,999 |
| _____ 25,000 – 29,999 | _____ More than 60,000 |
| _____ 30,000 – 34,999 | |

County of Child's Residence:

- _____ Minnehaha
_____ Lincoln
_____ Other (please list) _____

Religion:

- | | |
|-----------------|---------------------------|
| _____ Catholic | _____ Methodist |
| _____ Episcopal | _____ None |
| _____ Lutheran | _____ Other (please list) |

Race:

- | | |
|------------------------|---------------------------------|
| _____ African-American | _____ Hispanic |
| _____ Asian | _____ Native American |
| _____ Caucasian | _____ Other (please list) _____ |

Marital Status:

- | | |
|---------------|-----------------|
| _____ Single | _____ Divorced |
| _____ Married | _____ Separated |
| _____ Widowed | |

How did you learn about our program(s)?

- | | |
|---------------------|---------------------------|
| _____ Church/Clergy | _____ Relative |
| _____ Friend | _____ Sign |
| _____ Newspaper | _____ Yellow Pages |
| _____ Prior Service | _____ 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: ___/___/___

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 _____