



## Here4Youth Welcome Packet

Thank you for your interest in Lutheran Social Services Childcare and Education Services! If you have any questions about the following application packet please contact us. We would be happy to answer any questions you have or give you a tour of the facility. Please contact us by phone at 605-731-2050 or by email at [Learning@LssSD.org](mailto:Learning@LssSD.org).

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

Please attach a \$15 registration fee with the completed application and information above.

Check the program(s) in which you would like to enroll your child(ren):

- 5 day before school
- 5 day after school
- 5 day before and after school
- 3 day before school, after school or both
- 5 day summer
- 3 day summer

Desired Date of Admission: \_\_\_\_\_



## Contact Information

### Children

Full Name: \_\_\_\_\_ Gender:  male  female  
School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Full Name: \_\_\_\_\_ Gender:  male  female  
School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

### 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: \_\_\_\_\_

Medical or psychological conditions: \_\_\_\_\_

### Transportation

How will your child be transported to Here4Youth: \_\_\_\_\_

### Funding

My family is eligible for childcare assistance (attach contract)

My family is eligible for family support, contact: \_\_\_\_\_

To be completed by staff.

Wait list date: \_\_\_\_\_ Application date: \_\_\_\_\_ Actual admission date: \_\_\_\_\_



## Authorized Child Pick-up & Emergency Contacts

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. Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Contact:  yes  no  
Work/Cell Phone: \_\_\_\_\_ Authorized Pickup:  yes  no
2. Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Contact:  yes  no  
Work/Cell Phone: \_\_\_\_\_ Authorized Pickup:  yes  no
3. Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Contact:  yes  no  
Work/Cell Phone: \_\_\_\_\_ Authorized Pickup:  yes  no
4. Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Contact:  yes  no  
Work/Cell Phone: \_\_\_\_\_ Authorized Pickup:  yes  no

Attach additional names on a separate page if necessary.

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Consult the Family Handbook for the policy on medications. Notify the staff if your child is ill with a communicable disease. In case of emergency, I hereby give my permission for LSS Childcare & Education Services 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 & Agreement

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 6pm. 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 6pm, I will pick my child up before the arranged time.
5. I will contact Lutheran Social Services Childcare and Education Services by 2pm during the school year for school age care 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 Services 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 Lutheran Social Services Childcare and Education Services 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 Services.

### Legal Guardian

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Legal Guardian

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Director/Program Coordinator

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Demographics

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 |   |

### Religion

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Catholic  | <input type="checkbox"/> Methodist   |
| <input type="checkbox"/> Episcopal | <input type="checkbox"/> Muslim      |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> None        |
| <input type="checkbox"/> Lutheran  | <input type="checkbox"/> Other _____ |

### Race

- |   |  |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Multiple Races  |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Other _____     |

### Ethnicity

- Latino or Hispanic  
 Not Latino or Hispanic

### 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)? Check as many as apply.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Church/Clergy       | <input type="checkbox"/> Relative     |
| <input type="checkbox"/> Friend              | <input type="checkbox"/> Sign         |
| <input type="checkbox"/> Internet            | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Newspaper/Billboard | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Prior Service       | _____                                 |



## Care Plan for Child/Youth

### Self Care, Assistance and Adaptations

Which best describes your child in toileting skills:

- Needs total assistance       Needs some assistance (wiping/dressing)       Independent

Which best describes your child in feeding:

- Tube fed       Spoon fed       Hand over hand assistance       Self fed

Which best describes your child's mobility:

- Wheelchair with physical assistance needed       Wheelchair independent       Sometimes unsteady  
 Walks with adaptive equipment       Independent

### Social Relationships

By nature, which best describes your child:

- Friendly       Shy       Withdrawn       Aggressive

Which best describes your child:

- Enjoys being alone       Prefers small groups activities       Enjoys a lot of activity

With what age group does your child prefer to play or spend time:

- Toddler       Preschool       Elementary       Preteen       Young Adult       Adult

How best describes how your child relates to strangers:

- Scared       Timid/Shy       Friendly       Exhibits no caution

Does your child have any friends that also attend Here4Youth:     Yes     No

If yes, please list. \_\_\_\_\_

### Additional Information

What is the main reason you are seeking care for your child at Here4Youth?

What typically produces anxious moments for your child?

Does your child have a history of aggressive outbursts? If yes, please explain and describe ways to avoid outburst and calm your child.

Does your child have a history of past traumatic events? If yes, please explain.

What foods does your child like/dislike?

What activities does your child enjoy?

Does your child have a preferred nickname?

Is there anything else we should know about your child?

## Behavior Support

When my child is upset or has a behavior, it is recommended to:

- Offer choices       Suggest a timeout       Offer sensory tools  
 Other \_\_\_\_\_

My child's behaviors of concern are usually because they are trying to:

- Get something       Avoid something  
 Other \_\_\_\_\_

My child's triggers are:

- Changes in routine or environment       Boredom  
 Being ignored       Loud noises  
 Reminded of past trauma       Being asked to complete a task that they have difficulty doing  
 Other \_\_\_\_\_

My child is most motivated by:

- Adult attention       Peer attention  
 Other \_\_\_\_\_



Are there replacement behaviors you and your child are currently working on together?

## Consent

By signing below, I consent to the continued use of seclusion and physical restraint as an intervention in accordance with the Behavior Support Policy that I reviewed. I can request another copy of this policy from staff members at any time. Should I wish to discontinue my consent to these interventions I may do so; however, I understand that doing so may result in the program not being able to continue to provide care for my child.

LSS Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Child: \_\_\_\_\_ Date: \_\_\_\_\_



## Schedule & Rates

### Southern Hills—3400 East 49th Street, Sioux Falls, SD 57103; 605-371-8770

**Infant/Toddler Enrichment**, children from 4 weeks to 3 years

Hours: Monday through Friday from 7am until 6pm; Full-time: \$192 per week

**Preschool**, Students 3 to 5 years who are able to use the restroom independently

Hours: Monday through Friday from 7am until 6pm; Full-time: \$171 per week; Summer Activity Fee: \$30

**After-School**, pick up from John Harris and Harvey Dunn

After-School: \$54 per week; Before School: \$17 per week

#### Summer 2020

\$133 per week; requires annual \$88 field trip fee; \$160 per week for 5 year olds

Summer Flex\* \$151 per week; \$182 per week for 5 year olds

Summer Part-time, three days or fewer per week; \$111 per week; \$124 per week for 5 year olds; requires annual \$78 field trip fee

### Hilltop and Eastside—1312 South Bahnson Avenue, or 1300 East 10th Street, Sioux Falls, SD 57103; 605-759-8038

Scholarships Available!

**After-School**, pick up from Cleveland, Rosa Parks, Terry Redlin and Hawthorne

After-School: \$40 per week

#### Summer 2020

\$100 per week; requires annual \$88 field trip fee

Summer Flex\* \$113 per week

### Here4Youth—300 East 6th Street, Sioux Falls, SD 57103; 605-731-2050

#### After-School

5 day rate for before school care only: \$70 per week

5 day rate for after-school care only: \$85 per week

5 day rate for before and after-school care: \$90 per week

3 day rate for before school, after-school or both: \$60 per week

#### Summer 2020

Week - 5 day rate: \$200 per week; Week - 3 day rate: \$145 per week; \$60 Field Trip Fee; \$65 Transportation Fee

## After-School & Summer Programs

In all locations, after-school hours are Monday through Friday from the time school is dismissed until 6pm. Programs are open some days that school is closed and on holiday break from 7am to 6pm. Scholarships and tuition assistance may be available. \*Summer Flex allows families to choose weeks of care; no field trip fee or vacation days.

## Other Rates—All Programs

Registration Fee: \$15 (may be waived if on scholarship)

Late Pick-Up: \$1 per minute

Non-sufficient Funds ACH: \$10

Failed to Notify Fee: \$5 per child

Late Payment Fee: \$5 per week

Non-sufficient Funds Check: \$30

*Children are enrolled on a first come, first served basis.  
Enrollment fills quickly so it is best to apply early.*