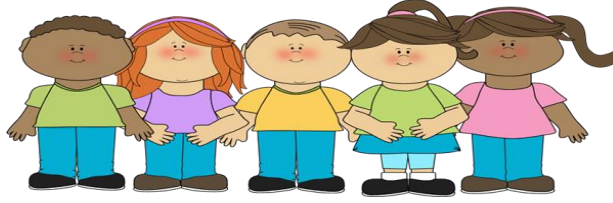


Lake Shore Public Schools School Age Child Care



CONSENT FORM

Child's Name: _____ Age: _____

Lake Shore – SACC Meal/Snack Agreement: I understand that the Lake Shore SACC Program does not provide breakfast or lunch. 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 or lunch. * SACC will provide an afternoon snack for each child.*

Signature: _____ 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.

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: _____ Date: _____

Sunscreen: I give permission for my child to use the sunscreen that I have provided as needed during the 2020/2021 school year.

Signature: _____ Date: _____

Lake Shore Public Schools School Age Child Care

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.

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 acknowledge that 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.

Signature: _____ Date: _____