

Larose Regional Park Afterschool Care

Well supervised care with a safe place to play, a place to work on homework, snacks, movies, and swimming.

Session I begins Monday, August 8, 2016

Session II begins Monday, January 3, 2017

All regular school days, Monday-Friday 2:30 pm-5:30pm- Grades Pre-K-8th

Registration Fee: \$65.00 per session (non-refundable) per child

Daily rate: \$8 per child Early Dismissal Days: \$12 per child

Bus transportation will be provided from North Larose Elementary, Larose Upper Elementary, and Larose Middle School to the Larose Civic Center.

Student's Name:

Birthdate: _____ Current Grade: _____

School: _____

Teacher's Name:

Parents:

Home Phone #: _____ Work Phone

#: _____

Cell Phone #: _____ Emergency Contact #:

Also can be picked up by: _____,

A current credit card needs to be kept on file in our office. If payment(s) for current month are NOT remitted by the 28th of each month, your credit card will be run for the fees incurred in the month. These files are kept locked and secure in the LCC office!

Credit Card #: _____ Exp. Date: _____ CVV#: _____

Name on credit card:

Registration fee: Check: _____ Cash: _____ Credit/Debit: _____ Office Staff: _____

Afterschool Care Health Form

Student's Name: _____

Parent's Name:

Address:

Physician's Name & Phone #:

Allergies to Food/Medicine:

Medical Concerns:

Medications currently taking:

I agree that the above is the current health information for my child. I will contact the staff in writing with any other changes as they occur. I agree to hold harmless the staff, board of directors, volunteers, and affiliates of the LCC Afterschool Care should any accident, incident or injury occur (including death or dismemberment).

General Release and Hold Harmless Agreement

I, _____, desire to participate in various programs, events, or activities (hereinafter collectively referred to as "Activities") operated or sponsored by Bayou Civic Club (hereinafter referred to as the Larose Civic Center).

I understand and acknowledge that the Larose Civic Center will now allow me to participate in the Activities without releasing and holding the Larose Civic Center Staff, Board of Directors and Volunteers, harmless from any liability arising out of my participation in the Activities. I have investigated the risks involved in my participation in the activities and fully understand and assume such risks. Specifically, I understand and acknowledge that I may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction, and even death.

Child's Name (PRINT):

Parent's Name (PRINT):

Parent's Signature:

Date: _____ Office Staff: _____

**Larose Civic Center
Afterschool Program
Bus Permission Slip**

My child, _____ has permission to
ride the school bus from:

_____ North Larose Elementary

_____ Larose Upper Elementary

_____ LCO Middle School

_____ Holy Rosary Catholic School

Signed: _____
(Parents or Guardian)

Date: _____

Larose Regional Park Aftercare
Physical Address: 307 East 5th Street
Mailing Address: P.O. Box 1105
Larose, LA

(985)693-7355 (phone)
(985)693-7380(fax)

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