



LINKS for Learning

School Year 2019-2020

Check the options you are choosing:

Session 1: September 3 - October 25	Mon. – Thurs. ___	Fridays ___	Late Room ___
Session 2: October 28 - December 20	Mon. – Thurs. ___	Fridays ___	Late Room ___
Session 3: January 6 - February 21	Mon. – Thurs. ___	Fridays ___	Late Room ___
Session 4: February 24 - April 17	Mon. – Thurs. ___	Fridays ___	Late Room ___
Session 5: April 20 - June 5	Mon. – Thurs. ___	Fridays ___	Late Room ___

Cost per Session:

Monday—Thursday \$130

Fridays \$30

Late Pick Up \$30

Multiple children are half price!

*10% discount for a full year if paid by September 3, 2020!

I would like to apply for a scholarship for my child to attend LINKS. Yes _____ No _____

Child's Name _____ M/F _____ Date of Birth _____
(Last) (First) (M.I.)

Date of Birth _____ Grade _____ School _____

2nd Child's Name _____ M/F _____ Date of Birth _____
(Last) (First) (M.I.)

Date of Birth _____ Grade _____ School _____

My child qualifies for participation in the (Please circle one): Free or Reduced Lunch program.

Parent/Guardian Information: Please check who we should call first if the child does not show up to LINKS or in an emergency.

Mother's Name _____ Employer _____ Work Phone _____ Cell _____

Father's Name _____ Employer _____ Work Phone _____ Cell _____

Additional local adults authorized to pick up your child from LINKS and to be contacted in case of emergency if we can't reach you.

Name #1 _____ Relationship _____ Phone _____

Name #2 _____ Relationship _____ Phone _____

It is important for the LINKS For Learning staff to have information that could expedite care during program hours, should a medical problem arise. This information will be kept confidential.

Existing Medical Conditions (i. e. allergies, asthma, ADHD, etc): _____

Current Medications (NOTE: Medications will NOT be administered by LINKS staff): _____

In case of an emergency, our procedure will be:

- Step 1. Appropriate staff administers basic first aid
- Step 2. Call 911, if necessary
- Step 3. Attempt to contact parent/legal guardian, and/or emergency contact
- Step 4. Staff accompanies child to emergency facility, if necessary

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Medical Release:

I hereby authorize LINKS For Learning staff in charge of my child to obtain all necessary medical care for my child (named above). I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child.

I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. I recognize that some of the LINKS For Learning classes involve physical activities that have risk of injury associated with participating in these classes. I hereby waive, release and agree to hold harmless LINKS For Learning and School Districts # 1 and # 4 and their staff members from any claims resulting from participation in LINKS For Learning classes or activities.

I further acknowledge that I have notified LINKS staff of any of my child's medical conditions requiring special attention.

I further give my permission for LINKS staff to transport my child to the nearest emergency facility in the case of an emergency.

Parent/Guardian Signature Printed Name Date

FIELD TRIP PERMISSION

Students must have parental/guardian permission to leave the school grounds. LINKS activities may include nature walks, science exploration walks, excursions to Sacajawea Park or the Public Library, or other "walking distance" destinations and will be supervised by LINKS For Learning staff.

My child **DOES** **DOES NOT** (Please circle one) have permission to participate in planned Field Trip activities.

Parent/Guardian Signature Printed Name Date

PERMISSION TO WALK HOME

My child **DOES** **DOES NOT** (Please Circle One) have permission to walk home from the LINKS program .

Parent/Guardian Signature Printed Name Date

CHILD BEHAVIOR GUIDELINES

Keeping children feeling respected, secure and safe during LINKS For Learning is of utmost importance, as is providing the opportunity for children and staff to develop relationships built on honesty and respect. One of the components needed to meet these goals is a defined set of Behavior Guidelines. Please share the following Behavior Guidelines with your child. It is important that he/she understands and agrees to participate in LINKS For Learning in accordance with these guidelines. If your child is unable to follow these guidelines, he/she will not be permitted to attend LINKS For Learning.

- **Treat everyone with respect, courtesy and kindness.**
- **Use positive statements when addressing other people**
- **Verbal or physical abuse, swearing, rude gestures or "put-downs" will not be tolerated.**
- **Respect school property, and property of other institutions.**
- **Follow all directions given by staff.**

PARENT RESPONSIBILITIES

- I will call the LINKS For Learning office at 223-5288 to inform staff if my child will be absent that day.
- If my child does not have permission to walk home, I understand my child **MUST** be picked up by 5:30 p.m..
- I give LINKS For Learning permission to photograph, tape and/or interview my child while participating in the program for publicity and promotional purposes.
- I will ensure my child attends LINKS regularly (a minimum of 3 days per week).

Parents Initials: _____