

3037 Bunker Lake Blvd. NW Andover, MN 55304 Phone: 763.427.4595 Fax: 763.427.3398

www.lcamn.org

Adventures 4 Kids Registration

 Adventures 4 Kids is held from 2:15-5:30 p.m. Monday – Friday and is available for students grades K-6.

Charges are as follows:

Minutes	Pick up Time	Cost
	Tille	
1-30	2:15 - 2:45	\$2.00
31-60	2:46 - 3:15	\$4.00
61-90	3:16 – 3:45	\$6.00
91-120	3:46 – 4:15	\$8.00
121-150	4:16 – 4:45	\$10.00
151-180	4:46 – 5:15	\$12.00
181-195	5:16 – 5:30	\$14.00

Late Fee

There is a \$1.00/minute late fee from 5:30-5:35 p.m. After 5:35 p.m. the late fee will be \$5.00/minute.

Billing

Charges for care are conveniently billed every two weeks and are separate from your tuition account. Statements are mailed to your home.

Please Note:

Picking up students from the Adventures 4 Kids Program is only allowed for individuals who have been pre-approved by the parents and named on this registration form. Individuals who pick-up a child will be asked to provide picture identification.

Please turn completed form in to the School Office.

Date:		Grade:		
	chool Year: Birth Date:			
Days Needed: (check boxes)	□ M: □ T: □ W:	Applicant:	☐ New Registrant ☐ Past Participant	
Pick-up Time: (indicate on line)	☐ Th:	_ _	☐ LCA Staff	
	Occasional Drop-in (with advance notice)	Gender:	☐ Male☐ Female	
Applicant Infor	<u>mation</u>	Child's Physi	cian:	
Full Name:				
Address:		name —		
		phone		
Father's Name:		Please list ar —	Please list any known allergies:	
Father's Work I	Phone #:	_		
Father's Cell Ph	one #:			
Father's Email:		Please list ar	Please list any limitations or disabilities your child has to assist in our planning:	
Mother's Name:				
Mother's Work	Phone #:			
Mother's Cell P	hone #:			
Mother's Email	:	Line gency i	Emergency incurcum information.	
List two people who can assume Acaresponsibility for your child if you that cannot be reached:		Academy to a that involve m	I hereby authorize Legacy Christian Academy to act in emergency situations that involve my child. The immediate source of emergency assistance will be 911.	
name	phone	signature of paren	signature of parent/guardian	
name	phone	date		
	of people authorized/not ick-up your child:	Not Author	ized:	
Authorized:	ap jour aimai	name		
name	phone	name		
name	phone	Revised 8/2	5/14	