



**LEGACY**  
CHRISTIAN ACADEMY

3037 Bunker Lake Blvd. NW  
Andover, MN 55304  
Phone: 763-427-4595  
Fax: 763-427-3398  
www.lcamn.org

## PreK Before & After School Childcare Registration Form

Name of student: \_\_\_\_\_

Parent's names: \_\_\_\_\_

Class enrolled in: \_\_\_\_\_ or circle which class your child is enrolled in:

- 2-Day PreK
- 3-Day PreK
- 5-Day PreK

Please circle the day(s) childcare is needed for the student above: M T W Th F

### Please check the correct statement below:

\_\_\_\_\_ We will be using Before School Care (for the child listed below) which opens at 7:00 am until 7:30 am when students are transferred to their classrooms. *Students may not be left unaccompanied at school prior to a staff person's arrival.* I understand that PreK students are eligible for Before School Child Care at no cost.

\_\_\_\_\_ We will be using After School Care that closes at 5:30 pm. I understand that I will be billed if I arrive any time after 5:30 pm at a cost of \$1.00 for each 1-minute increment. After 5:36 pm, the fee will be increased to \$5.00 per minute. If I cannot be reached, my emergency contacts will be called to pick up my child. If you are more than one hour late and we have not heard from you or successfully been able to reach someone on your emergency or pick up list, the police will be called for assistance. Consistent late pick up may result in termination of after care services.

### Fees for PreK After School Care are as follows:

- 2-Day PreK = \$35/month or \$350/year
- 3-Day PreK = \$45/month or \$450/year
- 5-Day PreK = \$75/month or \$750/year

### Please initial the two statements below.

\_\_\_\_\_ I understand that emergency coverage for After School Care, when I have not made plans at least one week in advance, would cost \$5.00 an hour (closes at 5:30 pm) and I would be billed for this care. The parent must call the school at 763-427-4595 by 2:10 pm in an emergency.

\_\_\_\_\_ I understand that I must complete this form and give it directly to a PreK teacher to effectuate a change in care plans (*this form must be turned in at least one week in advance of a change that adds service*).

### Emergency contact information:

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

Relationship to student: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone(s): \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## PreK Health Care Form

Must be completed by the child's health care provider

### Student Information

date of enrollment \_\_\_\_\_

first name

middle name

last name

street

city

state

zip

phone

birth date

parent(s) or guardian(s)

email address

*Must be filled out by medical provider.*

1. Date of last physical exam? \_\_\_\_\_

2. How long have you been providing care for this child? \_\_\_\_\_

3. How frequently do you see this child when he/she is not ill? \_\_\_\_\_

4. Does this child have any allergies (including allergies to medications)? \_\_\_\_\_

5. Is a modified diet necessary for this child? \_\_\_\_\_

6. Is any condition present that might result in an emergency? \_\_\_\_\_

7. What is the status of the child's:

Vision: \_\_\_\_\_

Hearing: \_\_\_\_\_

Speech: \_\_\_\_\_

8. Please list below any important health concerns:

Important health concern	Followed by you?	Followed by other med source (Name)?	Requires special attention at school?

9. Other information helpful to our childcare program:

Signature of Health Care Provider

Date

Address

Phone

phone