



**LEGACY**  
CHRISTIAN ACADEMY

3037 Bunker Lake Blvd. NW  
Andover, MN 55304  
Phone: 763-427-4595  
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## 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: \_\_\_\_\_