

St. John Lutheran Freedom's Flock Program

Monday through Friday (when St. John School is in session)
3:00 – 6:00 PM

Freedom's Flock Program is a safe and secure place for all children in the St. John Church and School community, Kindergarten through 8th grade.

We serve snacks; have play time, and quiet time for reading and homework.

RATES: Hours will be billed per child as shown below:

- Less than 1 hour per day = Flat rate of \$3.00
- 2nd or 3rd hour, if child is picked up within 30 minutes from the top of the hour = \$1.00 additional
- 2nd or 3rd hour, if child is picked up beyond 30 minutes from the top of the hour = \$2.00 additional

LATE CHARGE: \$1.00 FOR EACH MINUTE AFTER 6:00 PM.

Yearly registration fee of \$15.00 per family

**Please contact *Brittany Pescara* at 480-352-9830
or contact her via FastDirect**

You may also call the school office at 419-598-8702 with any questions.

New students are accepted anytime during the school year.

Registration form is attached.
Please fill out and return to the school office.

ST. JOHN LUTHERAN FREEDOM'S FLOCK PROGRAM
REGISTRATION FORM

Parent/Guardian Name _____

Address _____

City/State/Zip _____

Phone Number (Home): _____

Cell Number (Mom): _____

Cell Number (Dad): _____

Cell Number (Other): _____

Work Number and Work Hours: _____

Child's Name	Grade	Days of Week	Time

\$15.00 – Registration Fee _____ Paid _____ Bill (for office use only)
CK # _____ / Cash

**ST. JOHN LUTHERAN FREEDOM'S FLOCK EMERGENCY
MEDICAL AND TRANSPORTATION AUTHORIZATION FORM**

DATE OF ADMISSION _____

Child's Name _____

Home Address _____

Home Telephone _____

Mother's Name _____

Address _____

Phone _____

Employment _____

Address _____

Phone _____

Father's Name _____

Address _____

Phone _____

Employment _____

Address _____

Phone _____

If not at home or work, give telephone, cell phone, or pager number or other number where parents can be reached. Mother _____ Father _____

People to be contacted in the event of an emergency if the parent cannot be reached: **(REQUIRED)**

1. Name _____

Address _____

City, State, Zip _____

Phone _____

Relationship to child _____

2. Name _____

Address _____

City, State, Zip _____

Phone _____

Relationship to child _____

Name of Physician or Clinic _____ Phone _____

Address _____ City/State/Zip _____

Name of Dentist _____ Phone _____

Address _____ City/State/Zip _____

Child's custodial parent(s) _____ Child lives with _____

Other children in the home (names, ages): _____

List all allergies and any special precautions or treatment indicated for these allergies:

List any medications, food supplements, or modified diets, currently being administered to the child:

List any chronic physical problems and any history of hospitalization:

List any diseases the child has had: _____

EMERGENCY TRANSPORTATION AUTHORIZATION

Either Part I or Part II below must be completed. Do not complete both.

Part I. Permission to Transport Child

I give St. John Freedom's Flock my permission to transport my child _____ to
_____ Hospital for emergency medical care or to _____
_____ office for emergency dental care.

Parent's signature _____ Date _____

Part II. Refusal to Grant Permission

I do not give permission to _____ to transport my child
_____ for emergency medical or dental care. In the event of an illness or
injury which requires emergency medical or dental treatment, I wish the following action to be taken:

Parent's signature _____ Date _____

PARENT ROSTER STATEMENT

A roster of the children, which includes names, addresses and telephone numbers of parents, custodians, or guardians of children attending Freedom's Flock will be prepared annually and given to parents, custodian, or guardians upon request.

I, _____, would like my name, address, and phone number to be included.

I, _____, would NOT like my name, address and phone number to be included.

Signature _____ Date _____