

LeRoy-Ostrander Cardinal Care Registration Form

Child's Full Name _____

Birth Date _____ Gender (M/F) _____

Enrolled in: Preschool AM or PM _____ Early Learners AM or PM _____

Mailing Address _____

Mother's Name _____

Email _____

Phone Numbers Mobile _____

Work _____

Home _____

Father's Name _____

Email _____

Phone Numbers Mobile _____

Work _____

Home _____

In Case of Emergency, call _____

Phone number _____

Any Medical Information (Allergies, Special Needs, Etc.)

Questions? Contact:

Bev Freersken, Cardinal Care Teacher

507-324-5741 ext. 3394 or bfreersken@leroy.k12.mn.us

Cell 507-273-6386 call or text

Please indicate the days and approximate times that your child may be attending Cardinal Care, If your child is not coming, please call or text 507-273-6386

_____ Drop-In Only (call 24 hours in advance at 507-273-6386)

_____ Monday _____

_____ Tuesday _____

_____ Wednesday _____

_____ Thursday _____

_____ Friday _____

Please check one:

_____ My child will ride the School Bus

_____ My child will be picked up by a designated adult.

_____ My child will attend Cardinal Kids (before and after school program)

If your child is attending L-O Preschool, would you like them to have breakfast?

_____ yes _____ no

People who may pick up my child include:

Name

Phone Number

_____	_____
_____	_____
_____	_____
_____	_____

Parent Signature

Date

Parent's Printed Name

Cardinal Care Agreement

Child's Full Name: _____

1. I understand that my child must be enrolled in the L-O pre-school or Head Start program to be eligible for Cardinal Care.
2. I understand that I am responsible for monthly payments of contracted fees. A statement will be sent by email, monthly. A hard copy of your statement will be provided upon request. I understand that these payments are due 15 days after receiving my monthly bill. There will be a \$20.00 service charge on any returned check. A late penalty of \$5 may be charged for late payments
3. I agree to pay for the services of \$4.00 per hour. The time is rounded to the quarter hour.
4. Cardinal Care hours are from 7:45 a.m. – 3:00 p.m. I understand that if my child needs to come earlier or stay later they need to be enrolled in Cardinal Kids. I understand that Cardinal kids is available before school from 6 a.m. – 7:45 a.m. and afterschool from 3:00 p.m. to 6 p.m. On non-school days Cardinal Kids is available from 6 a.m. – 6 p.m. I understand that I must complete an application for Cardinal Kids and provide a calendar showing the dates and times that my child will be attending Cardinal Kids by the 20th of the month before. I understand that Cardinal Kids is closed: New Year's Eve Day, New Year's Day, Memorial Day, July 4, Labor Day, Thanksgiving Day, Christmas Eve day and Christmas Day.
5. I agree to call or text Cardinal Care at 507-273-6386, if my child will not be attending on a scheduled day. I also agree to notify staff if anyone, other than noted, will be picking up my child on a particular day.
6. I understand that breakfast and snack are provided at no additional fee, however, there is a fee for lunch. (If you would like to apply for the free or reduced lunch program, applications are available in the elementary office.)
7. I give my permission to the Cardinal Care staff to take my child/children off school property to take walks, visit the parks, library, or go on other field trips.
8. I agree to bring my child in and sign them in; as well as pick up my child and sign them out at the Cardinal Care room. For protection of the children, a staff person must see the person bringing and picking them up. Children who are transported by bus will have the bus driver's signature.
9. I give my permission for my child/children to be included in pictures and publicity connected with the Cardinal Care program. I give my permission for staff to use disposable wipes, sunscreen, hand sanitizer, bug spray, and give my child diaper/toilet assistance as needed.
10. I understand that I will need to update my registration for my child each year that I want my child to attend the program.
11. In the event of an emergency, I give the Cardinal Care staff permission to act in an emergency, to seek emergency treatment and/or release my child to qualified personnel to administer such emergency treatment.

I have read and understand, and I will do what is listed above in this agreement.

Signature of Parent or Guardian: _____ Date: _____

Print Parent's Name _____

Authorized Staff Signature _____ Date: _____