



*Trinity Lutheran School*

**H.U.G.S.**

*(Hours Under Guided Supervision)*

*After School Care Program*

**REGISTRATION FORM**

Child's name \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Grade \_\_\_\_\_

Child's name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's name \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Mother's name \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

List below people who may be picking up your child and those to whom your child may be released to in an emergency. Your child should know these people and they need to be available to come promptly to Trinity in the event they are called.

| Name  | Phone Number | Relationship |
|-------|--------------|--------------|
| _____ | _____        | _____        |
| _____ | _____        | _____        |
| _____ | _____        | _____        |

Medical information:

Doctor: \_\_\_\_\_  
(Name) (office address) (Office Phone #)

Please list any Medical information regarding your child that the HUGS staff should be aware of (ie. Allergies. Medications, health problems, etc.)

\_\_\_\_\_

My child(ren) is/are in good health and able to participate with \_\_\_no restrictions / \_\_\_restrictions as listed above. **(Please initial\_\_\_\_\_)**

In the event of a medical emergency concerning our child, we give Trinity Lutheran School permission to seek medical attention at Sturgis Hospital. **(Please initial\_\_\_\_\_)**

**(Please complete the information on the back)**

**Please check the appropriate box:**

We plan to use HUGS on a...

- Regular basis – five days per week - \$32 per child
- Regular basis – less than five days per week - \$7 per day
- As needed basis - \$8 per day

**Please mark the days and times for which you are anticipating using the HUGS program:**

|                    | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------------------|--------|---------|-----------|----------|--------|
| <b>2:30 – 3:00</b> |        |         |           |          |        |
| <b>3:00 – 3:30</b> |        |         |           |          |        |
| <b>3:30 – 4:00</b> |        |         |           |          |        |
| <b>4:00 – 4:30</b> |        |         |           |          |        |
| <b>4:30 – 5:00</b> |        |         |           |          |        |
| <b>5:00 – 5:30</b> |        |         |           |          |        |
| <b>5:30 – 6:00</b> |        |         |           |          |        |

As the parent/guardian of the listed child(ren), I understand that...

1. A non-refundable \$25 registration fee must accompany this registration form.
2. The fees for the program are \$32 full time weekly, \$7 per day regularly scheduled, and \$8 per day on an as needed basis.
3. Scheduling and fees must be taken care of no later than the Friday prior to the week of care.
4. Care is not available on early dismissal days or on days when school is not in session.
5. Written notification is needed for any changes to my child's schedule.
6. I will abide by the policies as listed in the HUGS handbook.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

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(For Office Use)

Date Received \_\_\_\_\_

Registration fee received \$ \_\_\_\_\_