



Our Shepherd Ev. Lutheran School

508 MENTOR AVENUE
PAINESVILLE, OHIO 44077
440-357-7776

BEFORE/AFTER CARE 2022-2023

The OSLS Before/After Care Program provides care for your child in a secure environment by certified teachers that can also provide help with homework where needed. After Care students will also have opportunities for outside or gym time and will also be provided a snack.

Before School Hours: 7:00-8:00am. After School Hours: 2:45-6:00pm.

Please note-These times may be adjusted based on utilization of the program.

Location: School Cafeteria

In the event of a conflict, after care will be in the school library. You will use the door at the Jackson St. side of building.

All students using Before/After Care must have a registration form on file.

Adults picking up child must have a form of ID before student will be released.

Fees per child: \$5.00 per hour with 1/4hr. increment charge
\$1.00 per minute after 6:00 p.m.

Pre-Payment of \$50 per child is required to use the program.

Checks should be made out to OSLS.

If your child is more than \$25 in arrears, he/she **will not** be allowed to use the Before/After Care Program until the past due balance is paid in full and a \$50 deposit is made toward future charges.

Student rules of behavior in Before/After Care are the same as the school rules.

Students who do not adhere to the rules will be talked to, a conference with the parent if necessary, the Principal may address the situation, and eventually the student may be suspended from use of the service.



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2022-2023

Our Shepherd **BEFORE/AFTER CARE** Registration Form (A separate form is required for each student.)

Child's Name: _____ Grade: _____

Address: _____

Birthdate: _____

Parent information

Mother/Guardian: _____ Home Phone: _____

Address: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Father/Guardian: _____ Home Phone: _____

Address: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____

Emergency No. – other than parent _____

Name _____

Relationship _____

(continued on the back)

Medical Information

Does your child have any:

Allergies? _____

Medical conditions? _____

Restrictions? _____

Require medication while in Before/After Care? _____

If so, separate medication (from what is in the school clinic) needs to be supplied to Before/After Care **and** a completed Medication Administration Record Form must be on file in the school clinic.

Days of the Week child may/will be using before school (7-8:00am) *:

Mon. Tues. Wed. Thurs. Fri.

Days of the Week child may/will be using after school (2:40pm-6pm) *:

Mon. Tues. Wed. Thurs. Fri.

Authorized individuals to pick up child. They must show valid ID.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

***Children must be pre-registered and prepaid to use BEFORE/AFTER CARE.**

Any unused payment will be refunded if not used or it can be carried over to the next year.

If your child is more than \$25 in arrears, he/she will not be allowed to use the Before/After Care Program until the past due balance is paid in full and a \$50 deposit is made toward future charges. This applies to EACH child in the family that uses the program.

I have read and understand all procedures and policies of the BEFORE/AFTER CARE program.

Parent/Guardian Signature: _____ Date: _____