

Childcare for Children of Families of Emergency Workers, or Children of School Staff

Please note: You must pre-register and meet eligibility guidelines per MDE for this service by calling the main office at 651-209-8002.

| Name of Parent/Guardian who is an emergency worker: |
|---|
| Parent/Guardian Emergency Worker Title/Job Role |
| Employer of Emergency Worker: |
| Employer Address: |
| Employer Phone Number: () |
| Verification Provided Date: |

Verification Type: (Circle one) Employee Work Badge Letter from Employer

HCPA requires all parents/guardians to complete the permission slip form to allow your child to be picked up by someone other than parents. In order to ensure the safety of your child, we will only release your child to their parents or the designated person(s) listed below:

| Student Name: | Grade: | Date of Birth: | ID#: | |
|------------------|-------------|----------------|------|--|
| Student Name: | | Date of Birth: | ID#: | |
| Student Name: | | Date of Birth: | ID#: | |
| Student Name: | | Date of Birth: | ID#: | |
| Student Name: | Grade: | Date of Birth: | ID#: | |
| Student Name: | | Date of Birth: | ID#: | |
| Mother/Guardian: | Home Phone: | Cell Phone | 9: | |
| | | Email: | | |
| Father/Guardian: | Home Phone: | Cell Phone | ə: | |
| | | Email: | | |

CHILD PICK UP/ EMERGENCY INFORMATION CONTACT RECORD

Please note: The adult that picks up your child MUST show a PHOTO ID or they will NOT be permitted to pick up your child. Name of a person to call in emergency other than a person the student lives with:

| | Adults Full Name | Relationship to Child | Phone Number | |
|----|------------------|-----------------------|--------------|--|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

I give permission for the above person(s) to pick up my child from HCPA in case of an emergency or in my absence. In case of an accident or serious illness, I ask that the school contact me. If the school is unable to reach me, I authorize the school to contact the individuals listed above and follow his/her instructions. If no one can be reached, the school may arrange for care as needed. If I decide to change or add additional person(s), it will be my responsibility to notify the school in writing five school days prior to changes take effect.

| Parent | Signature: |
|--------|------------|
|--------|------------|

Revision date: September 2, 2020

All that a school should be.

Date:



Hours & Fees

School Hours: 8am-3pm Before Care: 7-8am After Care: 3-4:00pm

Please note: Fees will be charged for days a child is registered to attend before and after school care. You will be charged in 1 hour increments. Before and aftercare payment CANNOT be combined. (Ex. Student A needs only 20 minutes before care and 1 hour of aftercare, you will be charged \$25 for the 20 minutes and another \$25 for aftercare with a total of \$50.)

For Essential Workers:

| Care Hours | Before Care Option | After Care Option |
|---------------------------|--------------------|-------------------|
| 8-3pm Free essential care | \$25/hr. | \$25/hr. |

Childcare will be staffed by non-licensed school employees. The students are expected to work on their managed independent distance learning plans daily as provided by grade level teachers.

Who will be responsible for childcare payments? (Childcare payments may be made via check, money order, automated payment system via eFunds)

| First Name | Last Name | Telephone: |
|------------|-----------|------------|
| | | |

Breakfast & Lunch will be offered and follow the National School Lunch Program fees. Free & reduced will receive meals at no charge. Paid student meals fees are \$2.00 breakfast and \$3.00 for lunch. Meals must be prepaid if your student wishes to receive one. Please make payments via eFunds or School Café.

All students must be picked up and dropped off through the main office.

Please indicate the pickup and drop-off times (between hours of 7:00 AM and 4:00 PM) for your child(ren).

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| Drop-off Time | | | | | |
| | | | | | |
| Pickup Time | | | | | |
| | | | | | |

If your child has medical needs, please indicate yes, and then contact the school nurse.

(Circle one) Yes No

Please indicate below if there are any other special considerations/issues: