

**THE
LIGHTHOUSE
PROGRAM**



**After School / Summer Programs
making a DIFFERENCE!**

Date: _____

**Policy on Non – Lighthouse Students
Remaining on School Premises After Dismissal**

Student Name: _____ Grade: _____ School: _____

Student Address: _____ Phone: _____

It is the school's responsibility for the safety of the students to remain on school premises until they are pickup by a parent or assigned person. Students that are not part of the Lighthouse Program after school and who are left at the school after 3:30 will be left in the care of the Lighthouse staff.

I understand and agree that there will be a \$5.00 fee per student for that day my child is not picked up on time after 3:30.

Signature of Parent(s)/Guardian

I also give permission for my child to receive emergency medical attention during the time at the Lighthouse After-School Program.

Signature of Parent(s)/Guardian

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____
Address: _____

I give permission for the following people to pick up my child:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____