

# Little Flower School L.A.P. Program

## Daily Schedule

- ✓ Check-in will be immediately following dismissal.
- ✓ Children are allowed to bring a change of clothes for L.A.P. Please label all clothes with child's name.
- ✓ Children are provided a snack after being checked in. Please notify staff of any special dietary needs.
- ✓ Each day includes:
  - Snack
  - Outside or Gym playtime
  - Homework time
- ✓ L.A.P. will provide games, toys, inside and outside equipment. **No games or toys should be brought from home.**

## Pick-up Procedures

- ✓ Parents are to sign out their child and then wait in the lobby.
- ✓ The child will be called by the supervisor and then come to the lobby to meet you. **This may take a few minutes because your child may be on the playground or cleaning up. Thank you for your patience!**
- ✓ Students must be picked up by 5:30 p.m. If a child is not picked up by 5:35 p.m., there is a \$5.00 charge per child for every 5 minute increment beginning at 5:35 p.m.

## Payment

- ✓ All payments are due at the beginning of the week. **Any student with an outstanding balance of \$60.00 or more will not be allowed to participate in the program until the balance is paid in full.**
- ✓ LAP Fees:     \$9.00 per day for first child  
                  \$8.00 per day for second child  
                  \$7.00 per day for third child

If you have any questions, please contact me at 529-4511 or  
[mtaylor@little-flower.org](mailto:mtaylor@little-flower.org)

Thank you,

Melissa Taylor

**LAP REGISTRATION FORM**

Family Name \_\_\_\_\_

Phone Number \_\_\_\_\_

2017 - 2018

Part-Time \_\_\_\_\_

Full-Time \_\_\_\_\_

If part-time, approximate number of days \_\_\_\_\_

Name of Child

Grade

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REGISTRATION COST WILL BE APPLIED TO FIRST WEEK'S FEE

Enclosed \$ \_\_\_\_\_

**LAP EMERGENCY PICKUP**

IF YOUR CHILD IS NOT PICKED UP BY 5:35 P.M., THE LAP ADMINISTRATOR WILL CALL THE PERSON DESIGNATED FOR EMERGENCY PICKUP. PLEASE LIST BELOW, IN ORDER OF CHOICE, TWO OR THREE PERSONS WHO MAY BE CONTACTED TO TRANSPORT YOUR CHILD/CHILDREN.

Name

Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**LAP MOVIE VIEWING PERMISSION**

PG Rated only \_\_\_\_\_

BOTH PG and PG rated \_\_\_\_\_

Signature of Parent: \_\_\_\_\_