

OUR LADY OF GRACE EXTENDED CARE PROGRAM ANNOUNCES THE SPRING BREAK WEEK #1 RELEASE DAY PROGRAMMING

DATE DUE BY: MARCH 19, 2010

Dear Parents,

We are happy to announce that we will be offering
Full Day Care (7:30 a.m. - 6:00 p.m.) on the following dates:

Monday, March 29, 2010	MN ZOO Fun with Dolphins
Tuesday, March 30, 2010	Grand Slam Games and Entertainment
Wednesday, March 31, 2010	Warner Nature Center Spring Adventure
Thursday, April 1, 2010	History Center For Hands on History fun

Please return this sheet along with the parental release form and payment.
The cost of the program is \$ 40.00 per child per day.

Names:

_____	#Days _____
_____	# Days _____
_____	# Days _____

**** Make checks payable to Our Lady of Grace

**** Remember to send a packed lunch for your child!

If you should have any questions, please let me know.

Sharon Hierlmaier
Extended Care Director
Our Lady of Grace
612-240-3514

Our Lady of Grace Extended Care
Parental/ Guardian Consent Form and Indemnity Agreement

Participant's Name: _____

Birth Date: _____ Cell Phone: _____

Parent/ Guardian's Name: _____

Home Address: _____

Home Phone: _____ Business Phone: _____

Please Initial the dates that applies to your son/ daughter:

_____ Monday, March 29, 2010	MN ZOO - Fun with Dolphins
_____ Tuesday, March 30, 2010	Grand Slam - Fun and Entertainment
_____ Wednesday, March 31, 2010	Warner Nature Center - Spring Adventure
_____ Thursday, April 1, 2010	History Center - For History Fun

Individual(s) in Charge:

Mrs. Sharon Hierlmaier/ Staff

Estimated time of departure and return: 12:00 - 4:00

Mode of transportation to and from event: School Bus

Student cost: \$ 40.00 per student per day

I, _____, grant permission for _____

Parent or guardian's name

Child's Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/ school and the Archdiocese of St. Paul/ Minneapolis from any claims or law suits brought against the parish/ school/ Archdiocese of St. Paul/ Minneapolis by myself, my child or others, that arise out of any behavior by my child at the event/ activity described above. I also agree to pay reasonable attorney's fees or expense incurred by the parish/ school and Archdiocese in defense of such a claim/ law suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

(Name)

(Phone Number)

Medical Information

Medication my child is taking at present: _____

Family Health Plan Carrier Number: _____

Family Doctor: _____ Phone Number _____

As parent or guardian, I agree to all of the above stated considerations and conditions.

(Signature)

(Date)