

OUR LADY OF GRACE EXTENDED CARE PROGRAM  
ANNOUNCES  
THE OCTOBER RELEASE DAY PROGRAMMING



Date Due By: September 17th

Dear Parent's,

We are happy to announce that we will be offering



**\*\*Early Release Programming ( 1:30 – 6:00)**

Wednesday October 17, 2018 Early Release

Snapology

**\*\*Full Day Care ( 7:00 a.m. - 6:00 p.m.) on the following dates:**

Thursday October 18, 2018

Crystal Cave

Friday October 19, 2017

Pinehaven Farm



Please return this sheet along with the parental release form. Payment is done through Smart Tuition.

The cost of the program is \$ 52.00 per child per day for the Release Day programming  
\$29.00 for the Early Release Day programming.

**Names:**

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# Days \_\_\_\_\_

\*\*\*\* You will be billed through Smart Tuition

\*\*\*\* 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



Parental/ Guardian Consent Form and Indemnity Agreement

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

_____ Wednesday,	October 17, 2018	Snapology
_____ Thursday,	October 18, 2018	Crystal Cave
_____ Friday,	October 19, 2018	Pinehaven Farm

Individual(s) in Charge:

Mrs. Sharon Hierlmaier/ Staff

Estimated time of departure and return: 11:00 - 4:00

Mode of transportation to and from event: School Bus

Student cost: \$ 52.00 per student per day/

\$29.00 for Early Release Day program

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)

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)