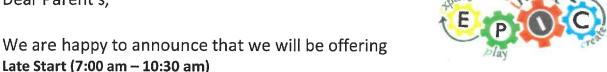
OUR LADY OF GRACE EXTENDED CARE PROGRAM ANNOUNCES THE DECEMBER 6TH LATE START and CHRISTMAS BREAK RELEASE DAY PROGRAMMING



Date Due By: November 15, 2018

Dear Parent's,



Thursday, December 6, 2018 Come and be creative with Northern Clay Center

n the following dates:
PINZ Bowling
Leonardo's Basement

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

The cost of the Late Start program is \$29.00 per child The cost of the program is \$52.00 per child per day.

Names:





**** Payment will be done 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 ar	nd Indemnity Agreement
Participant's Name:	
Birth Date:	Sex
Parent/ Guardian's Name:	
Home Address:	
Cell Phone:Please Initial the dates that applies	Business Phone: s to your son/ daughter:
Thursday, December 27, 2018 Friday, December 28, 2018	
to participate in the above named acconsideration of my child's participate Archdiocese of St. Paul/ Minneapolis school/ Archdiocese of St. Paul/ Minneapoli	Child's Name tivity and I warrant that my child is in good health. In ion, I agree to indemnify the parish/ school and the from any claims or law suits brought against the parish/ neapolis by myself, my child or others, that arise out of any tivity described above. I also agree to pay reasonable by the parish/ school and Archdiocese in defense of such a ENT: In the event of an emergency, I give permission to mergency medical treatment. I wish to be advised prior to mospital. In the event of an emergency, if you are unable to stact:
Family Health Plan Carrier Number: Family Doctor:	
(Signature)	(Date)