

# Christ Lutheran Before and After School Care

1311 S. Faraday Ave

Peoria, IL 61605

PH: 309-637-1512 / E-Mail: school@clspeoria.org

website: clspeoria.org

Christ Lutheran operates an extended care program for those parents who need supervision for their children before school, after school, or both. The supervision takes place on the school property, and it is our intent to provide safe, caring supervision for your child. Following is more detailed information about this program:

1. The hours of operation are from 6:30 a.m. to 8:00 a.m. (before school) and 2:00 p.m. to 5:30 p.m. (after school). There is a late charge of \$1.00 per minute after 5:30 p.m.
2. **Fees:** \$65 per week / \$13 per day  
**Payment is due in advance at the beginning** of the week in which service is provided. Checks may be written to Christ Lutheran Extended Care. Payment may also be made by credit card through our website. Contact the school office for more information.
3. If you are eligible for the Child Care Assistance Program from the State of Illinois, or would like to find out more information regarding this program, please contact the school office. Applications are available in the office.
4. The school's multipurpose room (the old gym) will be used in the morning and after school. **Please enter and exit through door #6.** We have games and activities available. We have homework rooms available and encourage students to do homework after school. A nutritious after school snack is provided each day.
5. A sign-in / sign-out sheet will be used. Because of COVID-19 measures, a staff person will sign your child out on your behalf. This provides for more accurate records and greater safety for your child.
6. Please don't allow your child to bring food, toys, balls, money, game systems, iPods, cell phones, etc. (same policies as the school on these items).
7. The first two weeks of school will be half-days with dismissal at 1:00 p.m. The fee for early dismissal days is \$15.
8. Please note the following phone numbers:  
Christ Lutheran School: 309-637-1512  
Corine Williams (Before Care): 309-370-6943  
Maren Kelly (After Care): 309-349-5973
9. This program is license-exempt pursuant to the guidelines of DCFS.
10. Finally, we thank our former staff members, Mrs. Tina Rucker, Ms. Africa Booth, and Ms. Lee Jackson and we welcome our new staff members, Mrs. Corrine Walker, Miss Maren Kelly and Miss Allison Teske.

God's Blessings,  
Terry Mooney

**Christ Lutheran Extended Care  
Emergency Numbers and Consent Form  
Specific Consents**

1. Name(s) of child(ren) in extended care.

- |    |       |     |       |
|----|-------|-----|-------|
| 1. | _____ | DOB | _____ |
| 2. | _____ | DOB | _____ |
| 3. | _____ | DOB | _____ |
| 4. | _____ | DOB | _____ |

Parent's Name: \_\_\_\_\_

Address w/zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. In case of an emergency, please call the following phone numbers:

	<u>Name &amp; relationship to child</u>	<u>Phone number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

3. Child's doctor or family physician: Name: \_\_\_\_\_

Phone number \_\_\_\_\_

4. Preferred Hospital: \_\_\_\_\_

5. Please list any other important information regarding your child/ren that we should be aware of. For example: allergies, medical conditions, names of those allowed to pick them up, name of anyone not allowed to pick them up, etc.

\_\_\_\_\_  
\_\_\_\_\_

6. In case of an emergency, I give consent for the Extended Care Center staff to take my child to his/her doctor or to the Emergency Room if I cannot be reached.

\_\_\_\_\_  
Signature Date

**All information provided on this form will be confidential. Information will not be shared with other individuals or programs.**