

HAMILTON HEIGHTS *School Corporation*

Administration Office, P.O. Box 469 Arcadia, IN 46030 • Telephone: (317) 984-3538 • Fax: (317) 984-3042

Dear Parent/Guardian:

We want to personally thank you for your interest in Hamilton Heights School Corporation's Little Huskies Learning Center School Age Programming. We are excited to get to know you and your child! To better help us care for your child please make sure you have all of the following:

What **MUST** be completed prior to admission:

- Registration Form, required to hold child's spot
(Along with \$50 non-refundable registration fee. Fee may be prorated depending on child's start date. Please check with a staff member to verify the appropriate amount.)
- Permission Slips
- 1 Health History Form PERCHILD, completed by parents/guardian. *Please note this packet only contains one form. Additional copies can be obtained by a LHLC staff member or on the LHLC website on the Health History Form link.

Things you may need to complete prior to admission: (Available upon request)

- Medication Form, signed by Pediatrician/Doctor (if medications are required during BAC hours.) Forms and medications should be screened by and administered by a medical professional or parent whenever possible.
- Care Plan (for students needing Inhalers, Epi pens, struggle with Asthma, require Benadryl, or have other medical needs). Please contact Tela Sutton for guidance and the appropriate paperwork.
- Application for Financial Assistance - Available on our website the first week in July! Eligible applicants will receive tuition discounts off of BAC services only. (Along with proof of income)

Please mail paperwork to: Hamilton Heights Primary School, PO Box 419, Arcadia, IN 46030

Attn: Tela Sutton or drop off at the administration building: 410 W. Main Street, Arcadia, IN 46030. Paperwork may also be turned into the Primary School office while school is in session. Please feel free to contact us at any time with questions or concerns.

Warm Regards,

Tela Sutton
Little Huskies Learning Center Assistant Director
(317)984-1530 ext. 4134
tsutton@hhschuskies.org

Andrea Griswold
Little Huskies Learning Center Director
(317) 984-1530 ext. 4141
agriswold@hhschuskies.org

LHLC cell phone: 317-376-5483

Monitored for BAC hours (6:30am - 9am and 2:30pm to 6pm) during the school year and all program hours for Summer/Vacation Care.

Hamilton Heights Little Huskies Learning Center
2018-2019 SCHOOL AGE PROGRAMMING REGISTRATION FORM
(BAC, Vacation Care, Summer Camp)

Hamilton Heights Primary School
25350 State Road 19, PO Box 419 Arcadia, Indiana 46030
Assistant Director: Tela Sutton, *extension 4134* Director: Andrea Griswold, *extension 4146*

Date of Registration Request: _____ Desired Start Date of Services: _____
**Please note we require up to 2 business days to process all registration information.

A non-refundable registration fee (per child) is required at the time of registration. Please see a staff member for additional information and for the appropriate registration fee amount.

Please complete in ink.

CHILD INFORMATION:

Name: _____ Nickname: _____
Address: _____ City: _____ State: _____ Zip: _____
Birth Date: _____ Age: _____ Weight: _____ Sex: Male Female
Child's Teacher for '18/'19 year: _____ Grade for '18/'19 year: _____
Known Health Conditions: _____
Known Allergies/Severity: _____
Medications given daily and reason for them: _____
T-shirt size: youth: S M L XLG adult: S M L XLG

ADDITIONAL CHILDREN (IF APPLICABLE):

Name: _____ Nickname: _____
Address: _____ City: _____ State: _____ Zip: _____
Birth Date: _____ Age: _____ Weight: _____ Sex: Male Female
Child's Teacher for '18/'19 year: _____ Grade for '18/'19 year: _____
Known Health Conditions: _____
Known Allergies/Severity: _____
Medications given daily and reason for them: _____
T-shirt size: youth: S M L XLG adult: S M L XLG

ADDITIONAL CHILDREN (IF APPLICABLE):

Name: _____ Nickname: _____
Address: _____ City: _____ State: _____ Zip: _____
Birth Date: _____ Age: _____ Weight: _____ Sex: Male Female
Child's Teacher for '18/'19 year: _____ Grade for '18/'19 year: _____
Known Health Conditions: _____
Known Allergies/Severity: _____
Medications given daily and reason for them: _____
T-shirt size: youth: S M L XLG adult: S M L XLG

PARENT/GUARDIAN INFORMATION:

Mother

Full Name: _____ Marital Status: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____ Cell Carrier: _____
Employer: _____ Work Hours: _____
Work Phone: _____ Email Address: _____

Father

Full Name: _____ Marital Status: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Cell Phone: _____ Cell Carrier: _____
 Employer: _____ Work Hours: _____
 Work Phone: _____ Email Address: _____

AUTHORIZED PICK-UPS: (please list any additional pick-ups on a separate paper)

Person(s) authorized to leave Hamilton Heights Little Huskies Learning Center with your child(ren): *(Must have ID)*

Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____

ATTENDANCE AND BILLING INFORMATION:

*Please indicate the program you wish to utilize and circle the days you would like your child/ren to attend. Please keep in mind that billing is based on the chosen fields below. (If at any time you would like to make changes to your billing, please notify Jennifer Kauffman at 317-984-3551 ext. 1012 or jkauffman@mail.hhsc.k12in.us). *Prices below are before any qualifying discounts.*

<input type="checkbox"/> Before and Aftercare \$82/week M T W Th F	
<input type="checkbox"/> Before Care Only \$49/week M T W Th F	<input type="checkbox"/> After Care Only \$52/week M T W Th F
Occasional Care	
<input type="checkbox"/> AM Occasional Care \$14/per session	
<input type="checkbox"/> PM Occasional Care \$14/per session	
<input type="checkbox"/> BOTH \$14/per session	
(please write in your needs to the best of your knowledge): _____	

<input type="checkbox"/> Vacation Care \$30/day (Please circle the days below that you would like your child to attend)	
Fall Break	M T W Th F
Spring Break Week #1	M T W Th F
Spring Break Week #2	M T W Th F
- Additional requirements to sign your child up may be needed.	
<input type="checkbox"/> Summer Camp 2019	
- Additional information/requirments for camp will be required prior to camp starting.	

The Little Huskies Learning Center offers financial discounts of 15% or 25% off of weekly tuition rates during the school year to families that qualify based on their income. We do not offer discounts for having siblings enrolled in the program. Please note that discounts are not offered for Vacation Care or Summer Camp.

PAYMENT INFORMATION:

Registration fee should be paid with (please circle one):

<input type="checkbox"/> Check (made out to HHSC-LHLC)	<input type="checkbox"/> Automated with information on file	<input type="checkbox"/> Money Order
<input type="checkbox"/> Cash	<input type="checkbox"/> Automated with new information attached	<input type="checkbox"/> Debit on site

How do you intend to pay for BAC services:

<input type="checkbox"/> Check (made out to HHSC-LHLC)	<input type="checkbox"/> Automated with information on file	<input type="checkbox"/> Money Order
<input type="checkbox"/> Cash	<input type="checkbox"/> Automated with new information attached	<input type="checkbox"/> Debit on site

In what increments do you intend to pay (please circle one): Daily Weekly

PAYMENT AGREEMENT:

The Little Huskies Learning Center is a paid program. I understand that payment is due in advance on Monday of the current week when paying weekly, the first Monday in a two-week period when paying semi-monthly, or on the day of service when paying daily. If payment is not received within 30 days, Little Huskies Learning Center will terminate services and the account will be sent to collections. Please refer to the LHLC handbook for more detailed payment information. My signature below indicates I understand the program's payment policies as outlined in the handbook and agree to abide by those policies.

Parent or Guardian Signature

Date

EMERGENCY MEDICAL AUTHORIZATIONS

If my child(ren) is at school or attending a field trip/event while under the care of school corporation employees, and I, the parent or guardian, cannot be reached at the time a school authority judges emergency treatment is needed, I authorize and direct the school to send my child(ren) (properly accompanied) to the most easily accessible physician and hospital and/or grant permission for a licensed health care professional and/or treatment center to administer to my child(ren), appropriate medical care.

Parent or Guardian Signature

Date

LHLC HANDBOOK

We, the Parent/Guardian, have read both the LHLC handbook and the Primary or Elementary Handbook. We understand the rights and responsibilities pertaining to LHLC participants and agree to support and abide by the rules, guidelines, procedures, policies and discipline policy of the Little Huskies Learning Center and the School Corporation.

Parent or Guardian Signature

Date

Date: _____



Health History Form

The health of the student plays an important part in his / her school progress. In order to keep your student's health record current, we would appreciate you completing this Health History Form each year. **One form must be completed PER child.**

Child's Name _____ Date of Birth _____
Sex _____ Weight _____
Child's Physician: _____ Physician's Phone Number: _____
Child's Dentist: _____ Dentist's Phone Number: _____

HEALTH CONDITIONS

Please check all that apply to your child:

- | | |
|--|--|
| <input type="checkbox"/> Abnormal spinal curvature | <input type="checkbox"/> Heart disease |
| <input type="checkbox"/> Allergies or hay fever | <input type="checkbox"/> Hemophilia/Prolonged bleeding ** |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Asthma** | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Behavior problems | <input type="checkbox"/> Meningitis or encephalitis |
| <input type="checkbox"/> Birth or congenital malformation | <input type="checkbox"/> Nosebleeds (frequent) |
| <input type="checkbox"/> Cancer, type _____ | <input type="checkbox"/> Seizures/epilepsy ** |
| <input type="checkbox"/> Cystic fibrosis | <input type="checkbox"/> Sickle cell disease |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> Skin rashes (frequent) |
| <input type="checkbox"/> Diabetes ** | <input type="checkbox"/> Stool soiling |
| <input type="checkbox"/> Diarrhea or constipation (frequent) | <input type="checkbox"/> Throat infections (frequent) |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Tics / nervous twitches |
| <input type="checkbox"/> Emotional problem | <input type="checkbox"/> Urinary tract infections |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Wetting (daytime/night) |
| <input type="checkbox"/> Headaches (frequent) / migraines | <input type="checkbox"/> Other (Please explain below) |

**** Please see the School Nurse for a form that must be completed related to this condition. Thank You.**

Feel free to comment on any of the above checked conditions:

Vision and Hearing:

Frequent ear infections? _____ Which ear(s)? _____ Tubes? _____ In place? _____
Reduction in hearing? _____ Beginning when? _____ Last Exam _____
Wears glasses or contacts? _____ Reason _____ Last Exam _____

Injuries and Illnesses:

Please list any severe injuries or illnesses, as well as surgeries and hospitalizations. Indicate ages where appropriate.

Has your child had the Chicken Pox Disease? (Please Circle) **YES **** NO

**** If yes, please list month and year of disease** _____

(Students in Early Childhood, Kindergarten, and First Grade require PHYSICIAN written documentation of history of chickenpox disease, including the month and year of the disease)

Allergies:**

List all known allergies, including food: _____

Reaction to allergen(s) and what treatment is required?: _____

Bee/insect allergy? _____ Reaction: _____

If allergic to bee/insect sting what treatment is needed?

****If your child has a bee sting allergy or food allergy, please see the School Nurse.**

Additional Information:

What medications are given daily?

Please state reason and dosage of daily medication.

What medications are given frequently, but not daily?

Will your child take medication at school/camp on a daily basis? (Please circle) **YES **** NO

****Please see nurse for form to administer medication on a long-term basis at school.**

Any speech difficulty? _____ Please explain _____

Please add any comments or concerns that you may have about this student's health, development, behavior, family or home life that you feel may impact his/her learning.

Can student participate fully in a physical education program? _____ If not, why? _____

Signature of parent or guardian: _____ Date: _____

Little Huskies Learning Center School Age Programming 2018-2019 (BAC, Vacation Care and Summer Camp)

Permission Slips

Child's Name _____

Child's Name _____

Child's Name _____

HHES & HHPS School Grounds

My signature below gives permission for my child(ren) to participate in events located at or around the Primary School and Elementary School. This will include, but is not limited to the Elementary School's playground, the woods behind the school, and the Primary School playground. If we will be leaving the Primary or Elementary School in a vehicle you will be notified in advance. My signature gives permission for the duration of my child(ren)'s enrollment.

I understand that all students in attendance will be participating in frequent daily outdoor play with and without the presence of shade.

I will not hold Little Huskies Learning Center responsible for any injuries or loss of properties that may occur.

Internet

I grant permission for my child(ren) to access the internet with technology devices provided by the program and/or an approved device I send to camp with my child(ren). I will work alongside LHLC to ensure my child(ren)'s device(s) are only used to access games, apps and information that is deemed appropriate for all age levels. My signature gives permission for the duration of my child(ren)'s enrollment. I understand that I may revoke my permission at any time by giving written notice to the site leader.

Photo

I grant Hamilton Heights Little Huskies Learning Center permission to photograph my child(ren) for the following purposes. 1. Displays, scrapbooks, bulletin boards. 2. Use photos in promotion materials. 3. Display photos on school website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this will remain in effect during the term of my child(ren)'s enrollment.

Consent to Exchange Information

I give permission for the exchange of information between early care and education professionals, early intervention team members, special education cooperative professionals and others deemed appropriate in the care of my child(ren).

Little Huskies Learning Center School Age Programming 2018-2019 (BAC, Vacation Care and Summer Camp)

Preventive Products (Typically used during LHLC Vacation Care and Summer Camps)

My signature below grants the Little Huskies Learning Center permission to administer/apply these preventive products.

Please check each product that you approve:

Sunscreen _____ Bug Spray _____ Petroleum Jelly (For dry hands and lips) _____

_____ My child(ren) needs a specific sunscreen, which I will provide, label, and keep stocked at the program.

Reason requesting specific sunscreen:

Specific type of Sunscreen and directions:

***Please provide LHLC with two containers, as we will have sunscreen stations in multiple locations.**

LHLC will only be using sunscreen, bug spray, and petroleum jelly that have been approved for your child.

Culinary Activities

I grant my child permission to partake in making and eating foods. If my child has food allergies I will make LHLC aware of these prior to his/her first day.

Child's Name/Allergies/Care plan:

Nail Polish

Please check all that apply to your child:

_____ I give permission for _____ to have his/her nails painted anytime while attending LHLC programs.

(Name of child/children)

_____ I would like for _____ to only have his/her nails painted on days I have approved.

(Name of child/children)

Little Huskies Learning Center School Age Programming 2018-2019 (BAC, Vacation Care and Summer Camp)

Tylenol and Ibuprofen

My child(ren) _____ may be administered generic Tylenol (please check one)

_____ Yes _____ No

My child(ren) _____ may be administered generic Ibuprofen (please check one)

_____ Yes _____ No

Teacher Helper Permission

I give permission for my 1st – 6th grade child(ren) to take part in brief errands/activities where my child(ren) will not be under direct supervision of the caregiver. Unsupervised time will only be granted on school property and will not exceed 10 minutes. Unsupervised time will be permitted to the children at the LHLC Staff's discretion to those interested. Examples of such errands could include: grabbing copies from the copier, retrieving lunches from the refrigerator, etc.

Name of child/children permitted to participate: _____

PG Movie Permission

Movies are used within LHLC programming from time to time. Most of the movies shown are either G or not rated. My signature below indicates I am ok with my child(ren) possibly viewing the following PG movies listed below while attending LHLC programs:

Moana	Tangled	Finding Dory
Inside Out	Lilo & Stitch	Any Madagascar movies
Frozen	Lorax	Trolls
Smurfs: The Lost Village	The Emoji Movie	My Little Pony (2017)
Kung Fu Panda 1-3	Rise of the Guardians	Sing
Paddington	Hoodwinked.	

I, _____, the legal guardian of (please list all children's names) _____

_____ Have read, understand, and agree to all the policies and permissions listed above. If I need special considerations to be made I will contact the LHLC Director or Assistant Director to discuss possible arrangements. I understand that if at any point in time I change my mind about any permission in this packet, I will be required to make arrangements with the LHLC Director or Assistant Director 2-3 business days prior to any changes taking affect.

Little Huskies Learning Center School Age Programming 2018-2019
(BAC, Vacation Care and Summer Camp)

Please take the space below to add any information that should be shared with the LHLC team to ensure we are ALL well equipped to always be providing your child(ren) with quality care.

Legal Guardian Signature: _____

Date: _____

Hamilton Heights Little Huskies Learning Center
School Age Programming Discipline Policy
(BAC, Vacation Care, Summer Camp)
2018-2019

Our before and after school care program uses a positive disciplinary approach with children. Our staff will communicate with children using positive statements. We will encourage children, with adult support, to use their own words and solutions to resolve conflicts. We will communicate with children at eye level and talk to them in a calm manner about what behavior is expected. Recurring disciplinary problems will be addressed with parents and documented in the child's record.

We use a variety of positive guidance and discipline strategies and techniques to encourage emotional regulation and the development of self-control, self-esteem, friendship making and social problem solving skills. Some of the techniques are:

- Providing specific cues, phrases, and consistent language when directing children's behavior
- Praising specifically when a child follows directions, listens to others, or demonstrates positive social skills
- Providing consistent daily routines and schedules
- Providing interesting and, engaging activities
- Redirecting children to appropriate choices
- Role modeling positive social skills
- Supporting problem solving between children
- Learning about and practicing social skills during group times
- Providing children with a calming space when they need to regulate their emotions before returning to the group, for no longer than one minute per a year of your child's age, if necessary

Our before and aftercare staff will provide a safe, positive and nurturing environment. As previously outlined, staff will employ a variety of techniques and strategies to encourage children to regulate their emotions. Violence towards children is **NEVER** allowed.

We know that it takes a partnership between the staff and family to support a child who is facing challenges for some reason. We will inform you along the way of what is working well and what we are working on. We ask you to do the same for us. We hope both parties will communicate effectively in order to help each child be successful.

Rules are established to promote harmony among the children and help them develop positive attitudes. Minor discipline problems will be handled promptly by our staff with kindness and understanding, but also with firmness. More serious offenses will be discussed with both child and parent in order to seek a solution. If the problem cannot be resolved, the child will be dismissed from the program.

LHLC Program services may be terminated for any child who is repeatedly disruptive of the program. Disruptive behavior is considered to be any verbal or physical behavior that requires constant attention from our caregivers. This includes but is not limited to the following:

- a. Any actions that cause physical harm to another child.
- b. Verbal or physical abuse directed toward a caregiver.
- c. Disregard of the behavior guidelines of the school site.

Severe offenses as described later in this discipline policy are subject to automatic suspension or possible removal from the LHLC Program. In case of suspension, normal fees must be paid in order to secure the child's position in the program.

MINOR MISBEHAVIOR:

Not following rules and disruptive behavior; inappropriate language, horse play, throwing objects, arguing with others, name calling, put downs, etc.

DISCIPLINARY ACTION FOR MINOR MISBEVIOR:

Step 1 – Verbal warning to child to correct behavior problem

Step 2 – “Successful Seat” (5 minutes)

Step 3 – “Successful Seat” (maximum time = one minute times the age of the child); Incident report; Contact parent

Step 4 – Incident report; Conference with parent, child and site leader

Step 5 – Incident report; One day suspension

Step 6 – Incident report; Dismissal from program

MAJOR MISBEHAVIOR AND DISCIPLINARY ACTIONS:

1. Fighting/Threats

1st Offense: Incident report; Contact parent to discuss incident; one day suspension

2nd Offense: Incident report; Three to five day suspension

3rd Offense: Incident report; Dismissal from program

2. Damage or destruction of property:

1st Offense: Incident report; Repair or replacement cost borne by parent; Contact parent to discuss incident, child and site leader

2nd Offense: Incident report; Repair or replacement cost borne by parent; One day suspension

3rd Offense: Incident report; Repair or replacement cost borne by parent; Dismissal from program

3. Profanity/safety concerns/disrespect toward students and staff

1st Offense: Incident report; Contact parent to discuss incident, child and site leader

2nd Offense: Incident report; One day suspension

3rd Offense: Incident report; Dismissal from program

4. Stealing

1st Offense: Incident report; Return and replace item; Contact parent to discuss incident, child and site leader

2nd Offense: Incident report; Return and replace item; One day suspension

3rd Offense: Incident report; Return and replace item; Dismissal from program

5. Weapons and Dangerous Objects

A weapon is any object that can be or is intended to be used to harm, intimidate or threaten another person. LHLC has a "zero tolerance" policy on weapons of any kind at school. This includes guns, knives (pin and Swiss Army), plastic guns, plastic knives, or any object that could be used as a weapon including kitchen knives in lunch boxes. Any other objects that are used to intimidate or threaten other children such as scissors, forks, pens, razors, etc. are also considered illegal.

Children who talk about weapons or explosive devices and/or threaten to harm or kill students or staff can face severe disciplinary consequences, which could include dismissal from LHLC and arrest.

Disciplinary action will include an automatic suspension of three days with the possibility of recommendation of dismissal from the LHLC program.

6. Physical Assault on a Staff Member

A conference will be held with the parent. Disciplinary action will include but is not limited to a suspension of one to five days from LHLC with the possibility of recommendation of dismissal to be reviewed by the LHLC Center Director.

PLEASE NOTE: All offenses will be reviewed by a school administrator and the LHLC Director. In the event a student is dismissed from the program, reentry will be dependent on a review by the appropriate school administrator and the LHLC administrative staff. Please note a decision for re-entry may take up to 30 days in order to give ample time to make an educated decision on what is best for all parties involved.

Please sign below and return with your child's registration packet. Note this discipline policy is available for your review in the BAC Parent Handbook.

I have read and agree to the LHLC Before and After School Care, Vacation Care and Summer Camp discipline policy.

Child(ren)'s Name(s) _____

Parent/ Guardian Signature _____

Date _____

Student: _____

Student: _____

Student: _____



Little Huskies Learning Center Before and After School Program Unplanned Dismissal Procedure

In the event that Hamilton Heights School Corporation needs to close early due to inclement weather, power or water loss, or other unforeseen circumstances, I _____ authorize my child(ren) listed above to follow the individual school procedure.

I understand that under these circumstances, BAC will not be open.

Please check an alternative plan for how your child will leave school given the above circumstances:

_____ I authorize my child(ren) to ride bus number _____, which I assigned during school registration. I realize Little Huskies Learning Center staff is not responsible for assisting my child to the correct bus.

OR

_____ I authorize my child(ren) to be picked up in the Primary School car rider line at the designated new dismissal time.

Parent/Guardian Signature

Date:



Little Huskies Learning Center
Before and After School Care Rates
2018-2019 School Year

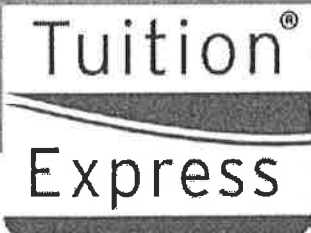
Before and After School Care Weekly

Before School Care Only (6:30 am- start of school)	\$49
After School Care Only (After School- 6 pm)	\$52
Both Before and After School Care	\$82

Daily

Before School Care	\$14
After School Care	\$14
Before and After School Care	\$28
School Vacation Care	\$30

*Please note that a \$50 registration fee is required at the time registration is turned in. Registration fee may be prorated depending on child(ren)'s start date. Please see LHLC Director or Assistant Director for appropriate rates.



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date

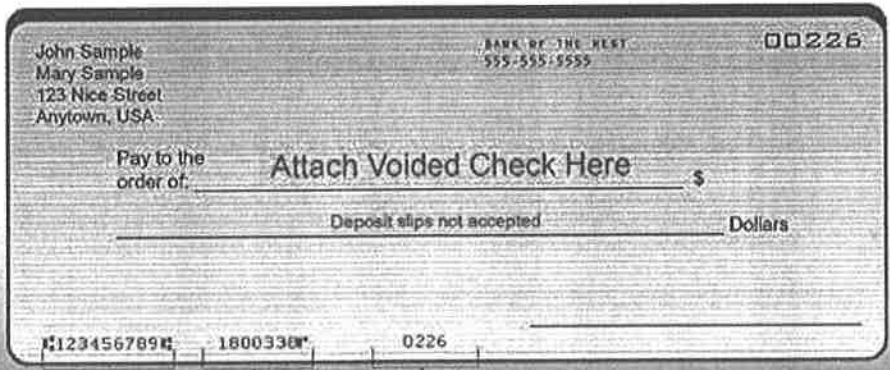
SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings

Authorized Signature, Date

For Official Use Only

Date Received, Employee Signature



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BAC Registration Checklist/Reminders

- I have completed the BAC registration packet.
- I have paid the appropriate registration fee.
- During the first week of July or after I will check the LHLC's website (under parent forms) for the tuition assistance application. <http://www.hhschuskie.org/domain/148>
- I will text the LHLC cell phone at 317-376-5483 before my child begins. I understand this is the preferred method for quick communication with LHLC staff and will allow me to obtain my family's unique pin code. I understand that this code will provide me with access to the building between the hours of 6:30 am – 8:30 am and then again from 3:35 pm – 6 pm during normal school days.
- I know where the black pin pad is by door K in order to access the building for BAC.
- I understand I need to work with a LHLC staff member to have those family members that will be picking up my child(ren) register their fingerprint in the Procure system.
- I understand I need to notify both the LHLC cell phone AND the appropriate school's main office when I make schedule changes for BAC.
- I understand it is my responsibility to notify an LHLC administrator AND Jennifer Kauffman of schedule changes or billing adjustments for my child if needed. This includes switching them from weekly to daily or withdrawing them from the program (for example). Jennifer can be reached via phone at 317-984-3551 ext. 1012 or email at jkauffman@mail.hhsc.k12.in.us
- I understand that in order to avoid fees, the LHLC requires a 2 week notice should I choose to withdraw my (child/children). Normal tuition fees will be charged for 2 weeks should I fail to give proper notice.

