



## Service Agreement

Please read the following and sign at the bottom.

1. I will keep Emergency Contacts, Authorized Pick-up, Immunization and Application information current.
2. I agree to follow all contract procedures and policies.
3. All payments are due on the Friday prior to the week of service. I agree to pay at that time, if I fail to do so, I will pay a late charge of \$5.00 a week.
4. I will pick my child(ren) up by 6pm. If I am unable to do so, I will provide alternative arrangements for picking up my child. I will notify childcare staff before this person arrives. If LSS announces a closure before 6pm, I will pick my child up before the arranged time.
5. I will contact childcare staff by 2pm during the school year if my child will not be attending that day. If I fail to do so, staff will search for my child, contact me, and assess me a fee of \$5.00.
6. I give permission for the staff to have my child treated by medical personnel after reasonable attempts to contact me have been made.
7. I understand that LSS reserves the right to remove my child(ren) from the program due to age restrictions, parental failure to fulfill contractual agreements and when the program is unable to meet the needs of the child and parent.
8. I will notify LSS at least two weeks in advance before my child is withdrawn from the program.
9. I hereby give permission for my child to be recorded by the media during general activities of the program.
10. I hereby voluntarily grant LSS permission to display photographs of my child in the classrooms and hallways. These photos may appear in a slide show or photo board to promote the program.
11. I hereby give permission for my child to ride in the LSS van/cars as well as a bus contracted through School Bus Inc.
12. I verify that I have received a copy of the LSS privacy practices due to my child's enrollment in LSS Childcare Programs.

### Legal Guardian

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Legal Guardian

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Director/Program Coordinator

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_



# Demographics

*\*Optional*

Family Size: \_\_\_\_\_

Desired Date of Admission: \_\_\_\_\_

## Family Income Level

- 0 – 4,999
- 5,000 – 9,999
- 10,000 – 14,999
- 15,000 – 19,999
- 20,000 – 24,999
- 25,000 – 29,999
- 30,000 – 34,999
- 35,000 – 39,999
- 40,000 – 44,999
- 45,000 – 49,999
- 50,000 – 54,999
- 55,000 – 59,999
- More than 60,000

## Religion

- Catholic
- Episcopal
- Jewish
- Lutheran
- Methodist
- Muslim
- None
- Other \_\_\_\_\_

## Race

- African-American
- Asian
- Caucasian
- Multiple Races
- Native American
- Other \_\_\_\_\_

## Ethnicity

- Latino or Hispanic
- Not Latino or Hispanic

## Marital Status

- Single
- Married
- Widowed
- Divorced
- Separated

How did you learn about our program(s)? Check as many as apply.

- Church/Clergy
- Friend
- Internet
- Newspaper/Billboard
- Prior Service
- Relative
- Sign
- Social Media
- Other \_\_\_\_\_

## Authorization for Automatic Payment

I (we) \_\_\_\_\_, authorize LSS of South Dakota to initiate debit entries to my (our) checking, savings account or credit/debit card indicated below at the financial institution indicated below. I (we) authorize LSS to withdraw sufficient funds to pay for my (our) regular tuition and/or other childcare related fees that are due and payable. I understand that tuition will be withdrawn the Friday prior to the next week’s service. If Friday is a holiday, payment will be withdrawn the following business day.

\_\_\_\_\_

First Name	Middle Name	Last Name	Phone Number
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\_\_\_\_\_

Address	City	State	Zip
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DEPOSITORY – Bank or Credit Union

Account Type:     Checking     Savings     Credit/Debit Card

\_\_\_\_\_

Routing Transit Number	Account Number
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\_\_\_\_\_

Credit Card Number (if applicable)	Expiration Date	CVV2 Code
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This authorization will remain in full force and effect until I (we) notify LSS in writing of its termination in such time and in such manner as to afford a reasonable opportunity to act on it. Change in payment notices must be received at least 5 business days in advance of the termination date.

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

**\*If using a checking account, please provide a voided check at least one week prior to enrollment.**

