



## Here4Youth Welcome Packet

Thank you for your interest in Lutheran Social Services Childcare and Education Services! If you have any questions about the following application packet please contact us. We would be happy to answer any questions you have or give you a tour of the facility. Please contact us by phone at 605-731-2050 or by email at [Learning@LssSD.org](mailto:Learning@LssSD.org).

Fill out and sign all of the forms in this packet. It is especially important that you include:

- 3 people that are authorized to pick up your child
- 3 emergency contacts
- doctor and hospital information
- a copy of your child's immunization records

Please attach a \$15 registration fee with the completed application and information above.

Check the program(s) in which you would like to enroll your child(ren):

- 5 day after school
- 3 day after school
- 5 day summer
- 3 day summer

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



## Contact Information

### Children

Full Name: \_\_\_\_\_ Gender:  male  female  
School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Full Name: \_\_\_\_\_ Gender:  male  female  
School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

### Legal guardian(s)

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Home address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Home address: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Person(s) responsible for payment: \_\_\_\_\_

### Allergies

Medications: \_\_\_\_\_

Foods: \_\_\_\_\_

Other: \_\_\_\_\_

Medical or psychological conditions: \_\_\_\_\_

### Transportation

How will your child be transported to Here4Youth: \_\_\_\_\_

### Funding

My family is eligible for childcare assistance (attach contract)

My family is eligible for family support, contact: \_\_\_\_\_

To be completed by staff.

Wait list date: \_\_\_\_\_ Application date: \_\_\_\_\_ Actual admission date: \_\_\_\_\_



# Authorized Child Pick-up & Emergency Contacts

Provide contacts below for a minimum of THREE emergency contacts as well as anyone you authorize to pick up your child. Indicate whether each individual is allowed to pick up your child and/or whether they should be contacted in the event of an emergency in which we cannot reach parents.

- 1. Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Emergency Contact:  yes  no  
 Work/Cell Phone: \_\_\_\_\_ Authorized Pickup:  yes  no
- 2. Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Emergency Contact:  yes  no  
 Work/Cell Phone: \_\_\_\_\_ Authorized Pickup:  yes  no
- 3. Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Emergency Contact:  yes  no  
 Work/Cell Phone: \_\_\_\_\_ Authorized Pickup:  yes  no
- 4. Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Emergency Contact:  yes  no  
 Work/Cell Phone: \_\_\_\_\_ Authorized Pickup:  yes  no

Attach additional names on a separate page if necessary.

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Clinic: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Consult the Family Handbook for the policy on medications. Notify the staff if your child is ill with a communicable disease. In case of emergency, I hereby give my permission for LSS Childcare & Education Services to contact my physician, clinic or hospital to transport my child when necessary, and do hereby authorize treatment in the event that I cannot be contacted after a reasonable effort has been made. I also assume financial responsibility for all costs incurred.

### Legal Guardian

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

### Legal Guardian

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



## Authorization & Agreement

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 Thursday 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 the Lutheran Social Services staff before this person arrives. If I have signed my child up for a class ending before 6pm, I will pick my child up before the arranged time.
5. I will contact Lutheran Social Services Childcare and Education Services 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 Lutheran Social Services Childcare and Education Services reserve 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 Lutheran Social Services Childcare and Education Services 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 to Lutheran Social Services 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 Lutheran Social Services van/cars to and from field trips as well as a bus contracted through School Bus Inc.
12. I verify that I have received a copy of the Lutheran Social Services privacy practices due to my child's enrollment in Lutheran Social Services Childcare and Education Services.

### Legal Guardian

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

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

### Legal Guardian

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

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

### Director/Program Coordinator

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

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

## Demographics

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

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

### Family Income Level

- |  |   |
|--|---|
| <input type="checkbox"/> 0 – 4,999       | <input type="checkbox"/> 35,000 – 39,999  |
| <input type="checkbox"/> 5,000 – 9,999   | <input type="checkbox"/> 40,000 – 44,999  |
| <input type="checkbox"/> 10,000 – 14,999 | <input type="checkbox"/> 45,000 – 49,999  |
| <input type="checkbox"/> 15,000 – 19,999 | <input type="checkbox"/> 50,000 – 54,999  |
| <input type="checkbox"/> 20,000 – 24,999 | <input type="checkbox"/> 55,000 – 59,999  |
| <input type="checkbox"/> 25,000 – 29,999 | <input type="checkbox"/> More than 60,000 |
| <input type="checkbox"/> 30,000 – 34,999 |   |

### Religion

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Catholic  | <input type="checkbox"/> Methodist   |
| <input type="checkbox"/> Episcopal | <input type="checkbox"/> Muslim      |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> None        |
| <input type="checkbox"/> Lutheran  | <input type="checkbox"/> Other _____ |

### Race

- |   |  |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Multiple Races  |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Other _____     |

### Ethnicity

- Latino or Hispanic  
 Not Latino or Hispanic

### Marital Status

- |                                  |                                    |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Single  | <input type="checkbox"/> Divorced  |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Widowed |                                    |

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

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Church/Clergy       | <input type="checkbox"/> Relative     |
| <input type="checkbox"/> Friend              | <input type="checkbox"/> Sign         |
| <input type="checkbox"/> Internet            | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Newspaper/Billboard | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Prior Service       | _____                                 |

## Authorization for Automatic Payment

I (we) \_\_\_\_\_, authorize Lutheran Social Services (LSS) 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 every Monday for that week's service. If Monday 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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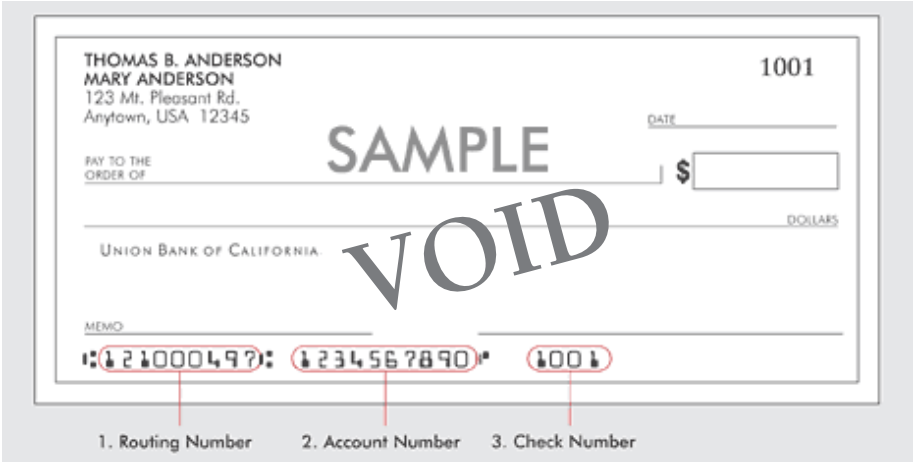
\_\_\_\_\_

Credit Card Number (if applicable)	Expiration Date	CVV2 Code
------------------------------------	-----------------	-----------

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. Notices must be received at a minimum of 5 business days in advance of the termination date.

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

**ATTACH A  
VOIDED CHECK**



## Technology Student Contract & Rules

Rules for using the Internet and computers help everyone. By following the rules everyone can use the Internet to learn more about the world. Only students who follow these rules may use the Internet and other tools. Using the Internet is a responsibility and a privilege, not a right. Staff may view any student's computer use at any time in order to support the student's development as a responsible citizen.

There is content filtering software to block inappropriate websites. However, students are still responsible for thoughtful, considerate behavior on computers as they are for their general behavior in the program.

### Do

- access educational material with teacher permission
- use polite language
- be kind to others
- protect computers, computer systems, or computer networks
- follow copyright laws
- use your own password with teacher permission
- use your own identity, work, mail, files, and folders with teacher permission
- protect limited resources (like paper and printer ink)
- keep personal information private
- ask a teacher if you'd like to print
- share any concerns about computer use by others with a teacher
- ask a teacher if you aren't sure about something.

### Do Not

- send or display offensive messages or pictures
- use obscene or inappropriate language
- harass, insult, or attack others
- damage computers, computer systems, or computer networks
- break copyright laws
- use another user's password or attempt to decode another user's password
- misrepresent yourself
- hack
- trespass in and/or modify another user's folders, mail, work, or files
- waste limited resources (like paper and printer ink)
- give out personal information
- print without teacher permission

I agree to follow these rules and to use the Internet in a responsible way to further my education.

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

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

Parent/Guardian Signature: \_\_\_\_\_

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

## Care Plan for Child/Youth

### Self Care, Assistance and Adaptations

Which best describes your child in toileting skills:

- Needs total assistance       Needs some assistance (wiping/dressing)       Independent

Which best describes your child in feeding:

- Tube fed       Spoon fed       Hand over hand assistance       Self fed

Which best describes your child's mobility:

- Wheelchair with physical assistance needed       Wheelchair independent       Sometimes unsteady  
 Walks with adaptive equipment       Independent

### Social Relationships

By nature, which best describes your child:

- Friendly       Shy       Withdrawn       Aggressive

Which best describes your child:

- Enjoys being alone       Prefers small groups activities       Enjoys a lot of activity

With what age group does your child prefer to play or spend time:

- Toddler       Preschool       Elementary       Preteen       Young Adult       Adult

How best describes how your child relates to strangers:

- Scared       Timid/Shy       Friendly       Exhibits no caution

Does your child have any friends that also attend Here4Youth:     Yes     No

If yes, please list. \_\_\_\_\_

### Additional Information

What is the main reason you are seeking care for your child at Here4Youth?

What typically produces anxious moments for your child?



Does your child have a history of aggressive outbursts? If yes, please explain and describe ways to avoid outburst and calm your child.

Does your child have a history of past traumatic events? If yes, please explain.

Does your child have a history of seizures? If yes, please explain.

What foods does your child like/dislike?

What activities does your child enjoy?

Does your child have a preferred nickname?

Is there anything else we should know about your child?

## Behavior Support

When my child is upset or has a behavior, it is recommended to:

- Offer choices       Suggest a timeout       Offer sensory tools  
 Other \_\_\_\_\_

My child's behaviors of concern are usually because they are trying to:

- Get something       Avoid something  
 Other \_\_\_\_\_

My child's triggers are:

- Changes in routine or environment       Boredom  
 Being ignored       Loud noises  
 Reminded of past trauma       Being asked to complete a task that they have difficulty doing  
 Other \_\_\_\_\_

My child is most motivated by:

- Adult attention       Peer attention  
 Other \_\_\_\_\_

Are there replacement behaviors you and your child are currently working on together?

## Consent

By signing below, I consent to the continued use of seclusion and physical restraint as an intervention in accordance with the Behavior Support Policy that I reviewed. I can request another copy of this policy from staff members at any time. Should I wish to discontinue my consent to these interventions I may do so; however, I understand that doing so may result in the program not being able to continue to provide care for my child.

LSS Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Child: \_\_\_\_\_ Date: \_\_\_\_\_