小学者课后中心 **LSJ After School Center** (773) 780-6882
3310 S. Archer Ave. Unit B Chicago, IL 60608 (773) 780-5188
3324 S. Archer Ave. Unit C Chicago, IL 60608 (773) 780-7700
2899 S. Archer Ave. Chicago, IL 60608 (773) 780-1832

Child Name: _____ **Date of Birth**: _____

Parent Handbook Acknowledgement (w/ Guidance and Discipline Policy)

我有收到家长手册，已阅读并理解政策和程序。

I, _____(*Parent/Guardian*), have read and understand the **Policies and Procedures** of Little Scholars Journey. I also know and understand the responsibilities that are required of me that are in the **Parent Handbook**. I will do my best to adhere to these policies and procedures as required by Little Scholars Journey.

Trips, Excursions, and Public Park Facilities 旅行和公园设施

I authorize Little Scholars Journey to take my child on walking trips, special excursions, and to nearby public park facilities. I also authorize my child to ride as a passenger in the vehicle owned or leased by Little Scholars Journey. I understand all such trips are under the supervision of Little Scholars Journey staff and that health and safety precautions are taken in compliance with DCFS standards for licensure.

我授权小学者带我的孩子徒步旅行 、特色游览、以及参观附近的公共公园设施。我还授权我的孩子乘坐小学者 拥有或租赁的车辆。我了解所有此类旅行均在小学者工作人员的监督下进行，采取的健康和安全预防措施都符合法定标准。

Photo Release 照片发布

I grant permission to Little Scholars Journey to use photographs of my child for recordings of school events or activities, in printed materials and digital media, including the website.

我允许小学者使用我孩子的照片.

☐ YES 同意 ☐ NO 不同意

_____ _____

Parent/Guardian Signature 家长签名 Date 日期

_____ _____

Administration Signature Date

Permission To Apply Sunscreen To Child

允许给孩子涂防晒霜

I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at Little Scholars Journey to apply a sunscreen product of SPF-15 or higher to my child when he or she will be playing outside. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- ☐ My child is allergic to some sunscreens. 我的孩子对一些防晒霜过敏。

  Please use only the following brand(s) and type(s) of sunscreen:

  _____

- ☐ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body 请不要在我孩子的以下部位涂抹防晒霜:

  _____

Late Pick Up Policy:

We would appreciate that you respect your child and staff by arriving on time for pick-up. If you will be late, please be sure to call 30 minutes before closing time to alert us of your tardiness. Be mindful, there will be a late fee of $1.00 per minute if your child is picked up after closing time. Late pick up fees are due the following day, before care will be provided. After the third late pick up within a 6 month period, termination of services may result.

如果您迟到，请务必在关闭时间前 30 分钟打电话告诉我们中心。 如果您的孩子在关闭时间后被接走，将收取每分钟$1.00 的滞纳金。

_____ _____

Parent/Guardian Signature 家长签名 Date 日期