

Christ Lutheran School After Care File Amendment

As a parent/guardian of \_\_\_\_\_ student(s) named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, participating in the 2025-2026 Christ Lutheran School After School Program, I acknowledge that I have been made aware that the CLS After School Program is operated by Christ Lutheran School. I give permission for emergency medical care to be provided if necessary, and have included all relevant medical release and parent pickup information to be transferred to representatives of Christ Lutheran School for the 2025-2026 school year. All CLS After-Care registration materials attached are intended for use only by representatives of Christ Lutheran School. Snacks and other food items should not contain be shared between students in order to limit potential exposure to allergens. Please remind your children of these expectations prior to attending aftercare.

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_