

Lakeland Family Resource Center & Spooner Memorial Library

FLASH Registration & Policy Information

FLASH (all grades) is an after-school program at Lakeland Family Resource Center and put on by Spooner Memorial Library and Lakeland Family Resource Center. FLASH 2019-2020 begins September 6, 2019 and is held every Friday, unless Spooner School is closed due to holiday or inclement weather. The last day of FLASH will be May 31, 2020. FLASH is open to all grades and children/teens from all schools, including homeschool are invited. Registration is required to attend FLASH.

F.L.A.S.H. Friday Lakeland/Library After School Hub. Open to ALL grades! REGISTER NOW! At Lakeland Family Resource Center September 6th-May 31st Fridays After School until 5:00 p.m. *email spoonerlibrarydirector@gmail.com or call 715-635-2792 for a registration packet. Lakeland FAMILY RESOURCE CENTER

Child's Name _____ School _____ Grade _____ Teacher _____

Parents/Caregivers, please read the following and sign and initial below:

I give permission for my child to participate in FLASH. I understand my child's attendance is expected at all nights confirmed and that I must contact Spooner Memorial Library by email or phone if my child will not be able to attend. The school will not notify the library if FLASH students are absent. I, or another registered pickup person, will pick my child up no later than 5:00 p.m. after FLASH. I understand that to keep my child safe, my child cannot go home with an unauthorized pickup person. LFRC and SML staff may ask for a picture ID to verify identity of an unknown person requesting to pick up a child. I will send a note with my child letting them know that my child is to ride the bus to FLASH every Friday unless noted otherwise. LFRC and/or SML will contact me if my child does not show up at the library and they were not notified of an absence by a parent/caregiver.

Parent/Guardian Signature _____ Date _____

Permission Information (please initial):

- I allow my child to be videotaped and his/her picture taken for promotional purposes during FLASH _____
I allow my child to walk with adult supervision to the City Park, Signer Hill, or Middle School playground during FLASH _____
I allow my child to have a snack during FLASH and have alerted LFRC or SML of any special dietary needs or allergies _____
I allow my child to attend walking field trips during FLASH and will be notified if the pickup location is somewhere other than Lakeland _____
I allow my child to be transported by LFRC or SML staff if he/she misses the bus (not to be used as a form of regular transportation) _____
I agree to receive reminder messages through Remind (Cell # _____ Email address _____)

Daily Dismissal (please select one):

- My child will walk home. All walkers leave the building at approximately 5:00 p.m.
My child will be picked up daily by a parent/caregiver or one of the adults listed on his/her Emergency Contact form.

Transportation is not provided after FLASH.

In the case of inclement weather or cancellations, notification will be sent to Spooner Memorial Library's website, posted on Facebook, and emails/Reminds will be sent to parents/caregivers. Please check the library's website or Facebook page often, especially during questionable weather. Thank you for your cooperation in keeping students safe.

FLASH Registration & Medical Consent

Student's Information:

Students Full Name:					Students Birth Date:			
Student's Medical Information (Check any medical condition your child may have):								
Special Educ. Needs	Asthma	Diabetes	Epilepsy/Seizure	Special Diet	Cerebral Palsy	ADD/ADHD	Food Allergies	Non-food Allergies
Other	Triggers that cause problems-please specify.				Signs or Symptoms to watch for-please specify.			
Anything else we should know about your child:								
Parent/Caregiver Contact Information:								
Parent/Guardian Name:				Phone Numbers:			Relationship:	
Parent/Guardian Name:				Phone Numbers:			Relationship:	
Email address of parent/caregiver:								
If I am unable to pick up my child, the following person/people may pick up my child:								
Alternative Pickup Person Name:					Relationship to Child:			
Alternative Pickup Person Name:					Relationship to Child:			
Alternative Pickup Person Name:					Relationship to Child:			
Alternative Pickup Person Name:					Relationship to Child:			

I acknowledge the above information is correct and I give LFRC or SML medical consent to treat my child in an emergency.

Parent/Guardian Signature _____ Date _____

Both forms must be fully completed and returned to Spooner Memorial Library – Attn: Angie Bodzislav

Questions or concerns may be emailed to spoonerlibrarydirector@gmail.com. The library is located at 421 High Street in Spooner, across from the Civic Center.

The information requested on this and all Policy and Permission forms are necessary for *FLASH* programs and will be kept strictly confidential.