Immaculate Heart of Mary School

LINX After Care Program

For WHOM is LINX available?

Children of IHM, specifically those families that are in need of assistance with their children, **Pre-K through 8th**, after school hours.

WHY is LINX offered?

LINX is designed to meet the need for a safe after school environment for the children of IHM school. It is our goal to let the students experience **L**earning, **I**magination, **N**utrition and e**X**ercise. The program consists of snack time*, recreational activities, arts and crafts, time for homework, free time and, weather permitting, outdoor play.

The snack is provided by parents for their own child.*

WHEN does LINX operate?

The program is provided on scheduled school days after school hours.*

*We do not operate on snow days, scheduled holidays, or scheduled days off.

Hours: 2:30 p.m. - 6:00 p.m.

WHERE does LINX take place?

LINX takes place in the All Purpose Room (APR) (also the cafeteria) of IHM.

WHAT is the fee* to use LINX?

The cost **per child** is as follows:

2:30 p.m. to 4:00 p.m. - **$10.00**

2:30 p.m. to 6:00 p.m. - **$15.00**

*** A late fee of $1.00 per minute is charged for every minute after 6:00 p.m.**

There is a $15.00 annual registration fee per family.

Invoices that are not paid within 30 days of the due date will incur a late fee.

Our current FACTS TUITION MANAGEMENT SERVICE (FACTS) is handling the entire billing and collection process.

HOW do I sign up for LINX?

Please complete the LINX Program Registration Packet and return to the school office. Please e-mail all questions regarding LINX to **linx@ihmgradeschool.org.**

IHM LINX Program
LINX Registration - 2024-2025

(PLEASE PRINT)

Child's Name	Sex	Age	Grade **(Aug. 2024)**
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

Parent(s)/Guardian

_____

Address _____

City/Zip Code _____

Cell Phone(s)_____ _____

Check the days your child will be attending LINX and indicate approximate pick-up time

_____Mon. _____Tues. _____Wed. _____Thurs. _____Fri.

Pick-up Time: _____Mon. _____Tues. _____Wed. _____Thurs. _____Fri.

If you plan to use this service on an occasional basis, please indicate how often you will use this service.

_____ Once a week _____ Twice a week

_____ Three times a week _____ Emergency only

_____ Times monthly

IHM LINX Program
Child Pick-Up Authorization - 2024-2025

Name of child/children:

_____ _____

_____ _____

_____ _____

The following person(s) have my authorization for pick up my child/children from the IHM LINX Program:

Name of Adult	Relationship to Child
Name of Adult	Relationship to Child
Name of Adult	Relationship to Child
Name of Adult	Relationship to Child

The sign-out sheet must be signed by the parent or designated adult each day at the time of the child's dismissal. All individuals must bring with them a photo I.D.

I understand that the above named person(s) are designated to pick up my child/children. In the event that another person is going to pick up my child/children at any time, I will send a message, in writing, prior to the pick-up time.

Parent Signature: _____ **Date:** _____

IHM LINX Program
Medical/Emergency Information - 2024-2025
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Please Print Clearly:

Child's Name_____

Child's Name_____

Child's Name_____

Father's Name _____

Home Address _____ **City/Zip** _____

Cell Phone _____ **Business Phone** _____

Mother's Name _____

Home Address _____ **City/Zip** _____

Cell Phone _____ **Business Phone**_____

If parents cannot be reached in the event of an emergency, please contact:

Name **Phone** **Relationship**

_____

_____

_____

List all allergies (including food) and any special precautions or treatment indicated for these allergies:

_____

_____

_____

_____

IHM LINX Program
Medical/Emergency Information - 2024-2025
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List any medications currently being administered to the child:

_____

_____

_____

List any chronic physical problems and history of hospitalization:

_____

_____

_____

Parent Signature: _____

Date: _____

IHM LINX Program
Emergency Medical Authorization - 2024-2025
(Page 1 of 2)

Please Print Clearly:

Child's Name **Birthday** **Age** **Grade**

_____

_____

_____

Address: _____

Phone: _____
Part I or II must be completed:

Part I (TO GRANT CONSENT)

In the event reasonable attempts to contact me at _____ (phone number) or _____ (other parent) at _____ (phone number) have been unsuccessful, I hereby give my consent for:

1) the administration of any treatment deemed necessary by: Dr. _____ (preferred Doctor) at _____ (phone number) or Dr. _____ (preferred Dentist) at _____ (phone number) or in the event the designated preferred practitioner is not available, by another licenses physician or dentist; and 2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authority does not cover major surgery unless the medical opinions of 2 other licensed physicians or dentists, concurring in the necessity for such surgery are obtained before the surgery is performed. Facts concerning the child's medical history including allergies, medications being take, and any physical impairments to which a physician should be alerted:

_____

_____

_____

_____ _____ _____

Date **Signature of Parent** **Address**

IHM LINX Program
Emergency Medical Authorization - 2024-2025
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DO NOT COMPLETE PART II IF YOU COMPLETED PART 1

Part II (REFUSAL TO CONSENT)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

_____

_____ _____ _____

Date **Signature of Parent** **Address**