



Cubs Corner

at Legacy Christian School

Cubs Corner is the Before/After School Program designed by Legacy Christian School for LCS families. Cubs Corner mission is to bring students into a warm, Christ-like environment, build them up by meeting their physical and academic needs and send them on to school or back home with positive experiences.

Cubs Corner will be available for all families Monday through Friday beginning at 7:00 a.m. Cubs Corner is available after school until 5:30 p.m.

In the mornings, students will have a variety of activities to participate in including devotional times, quiet board games, puzzles and crafts. Our goal is that this program will provide a quiet, non-stimulating environment as children ready themselves for school. In the afternoons, students will also have a variety of activities to participate in including homework time, board games, physical activity, snack and crafts. Our goal is that this program will provide students with positive social experiences and quality academic enrichment in a relaxing environment.

Guidelines for student behavior during Cubs Corner are the same as stated in the Parent Handbook. It is our desire for Cubs Corner to have the same safe, friendly environment of the school, where everyone feels accepted in the spirit of Christian love.

The cost for Cubs Corner is as follows:

\$ 7.50 per hour for 1 child	\$3.75 per half hour for 1 child
\$ 9.50 per hour for 2 children	\$4.75 per half hour for 2 children
\$11.50 per hour for 3 children	\$5.75 per half hour for 3 children

\$1 for every minute after 5:30 p.m. that a child remains in Cubs Corner

Students must be registered in Cubs Corner for parents to take advantage of this program. Please fill out the registration form and return it to the school office to enroll your child.



Cubs Corner Emergency Form 2019-2020

(To be completed by a Parent or Guardian)

Student's Name _____ Age _____ Gender (M) _____ (F) _____

Birthplace _____ Birth date _____

Parents/Guardian _____ Home Phone _____

Father's Work Phone _____ Mother's Work Phone _____

In case of emergency: If Parents or Guardian cannot be contacted at one of the above numbers; please list name and phone number of a person to be contacted.

Name & Relationship _____ Phone _____

Name & Relationship _____ Phone _____

Physician _____ Phone _____

Hospital _____ Phone _____

In case of emergency, the school may call the family physician to examine my son or daughter. (Without such permission, the school assumes no responsibility for emergency medical attention.)

Yes _____ No _____

Signature of Parent/Guardian Date

Release Form

I/we give permission for my/our child, _____, to participate in all activities of The Cubs Corner of LCS. I/we will not hold the school, teachers or other adults in charge responsible for any illness or injury which may happen to my/our child while participating in any Cubs Corner activity. I/we also give our permission for the teachers to seek emergency help for my/our child in the event I/we cannot be contacted.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date _____

Date _____