



A Menomonee Club staff person will be outside the LaSalle School Kindergarten Exit (southwest side of the school) Monday-Friday at 3:55. Departure to Clubhouse is at 4:05.

_____ Walk-Over Service begins Monday September 9, 2019 – Friday December 6, 2019

Name _____ Circle Day(s) Requested: M T W Th F

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In consideration of my Child/Children(s) safety and accepting use of walk-over service I agree as follows:

_____ I will not send messages nor permit my child/children to relay change of plans.

_____ I will instruct my child/children to wait near kindergarten door.

_____ I will confirm on or before 3:50 my child/children absence.

_____ I will confirm my child/children(s) attendance on or before 3:50 if pick-up is requested for any day not authorized above

_____ I understand Menomonee Staff is not responsible for the addition of my child if I have not requested to add them to the daily roster

_____ I understand Menomonee Staff will not return to LaSalle for my child or any belongings after they have left LaSalle's pick-up area

I CONFIRM AND UNDERSTAND THAT failure to confirm by email or phone participant's absence to Menomonee Staff on or before 3:50pm the day of absence, will result in the following:

_____ 1st incident Email and Call reminding you of Walk-Over requirements and procedures

_____ 2nd incident Notice and Verbal Warning

_____ 3rd incident Written Warning

_____ 4th incident Release from Walk-Over Service

I CONFIRM THAT I HAVE READ AND UNDERSTAND THE "COURTESY" WALK-OVER SERVICE AGREEMENT PRIOR TO SIGNING IT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, AS LEGAL GUARDIAN OF THE CHILD/CHILDREN, WE AGREE TO FOLLOW ALL POLICIES AND PROCEDURES AND GRANT PERMISSION FOR MY CHILD/CHILDREN TO PARTICIPATE.

Parent/ Guardian _____ Date _____

Home (____) _____ Cell (____) _____ Work (____) _____

Email _____