

# Early Lynx Program Begins Monday, August 10<sup>th</sup>, 2016

**Guidelines:**

The "Early Lynx" program is designed to provide a supervised location for Lexington Middle students prior to 9 a.m. The program will operate from 7:00 a.m. to 9:00 a.m. every student school day. After 9:00 a.m., all students may enter campus and will be supervised free of charge. All students dropped off prior to 9:00 a.m. must be enrolled in the "Early Lynx" program. Students may bring snacks.

The registration fee is \$10.00 per student.

The cost of the program is \$4 per day and payments must be received in advance. Please make checks payable to Lexington Middle and note on the check your student's name and the week for which you are paying. **Payment is due every Monday. Exact change or checks are required.** Non-payment of fees will result in dismissal from the program. The Lee County School District does not extend credit to Before School programs.

Students enrolled in the "Early Lynx" program must adhere to the District Code of Conduct. Violation may result in the student being removed from the program.

The school clinic will not open until 9:45 a.m. All medication must be administered at home or in the clinic after 9:45 a.m.



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## Early Lynx Program Registration Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_ HR Teacher: \_\_\_\_\_

Add'l Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_ HR Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s) and phone number(s) of other people with permission to pick up your child/children.

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

List any medical problems or medications needed: \_\_\_\_\_

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**FOR SCHOOL USE ONLY**

Registration Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_

1<sup>st</sup> Week Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_