



# Before, Extended and After School Care Registration Form

Registration fee is due upon receipt of this form.

Annual Registration fee:

- 1 child – \$25.00
- 2 children -- \$40.00
- 3 children -- \$50.00

Billing statements are mailed monthly. I understand I am responsible for all charges and late pick up fees and will pay all outstanding balances by June 30.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Print Your Name Daytime Phone

<b><u>Student Name</u></b>	<b><u>Grade</u></b>
_____	_____
_____	_____
_____	_____

My Child(ren) will stay the following days and times:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

### After School/Extended Care Pickup Authorization

I, \_\_\_\_\_ hereby authorize the following people to pick up my child from the after school/extended care program and leave the school. I understand that for the protection of my child, staff may require that identification be presented. I also understand that no other person will be allowed to take my child from the after school/extended care program without my written permission.

	Name	Relationship	Phone Number
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____

*“Celebrating Spiritual Growth While Providing Academic Excellence in a Christ Centered Environment”*

