



# Before 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

**Before School Care Hours/ Fees:**

6:30 am-7:15 am= \$ 6.00  
 7:15 am-7:30 am= \$ 0.00

**ASC Hours/Fees:**

2:45 pm-3:45 pm= \$ 8.00  
 2:45 pm-5:45 pm= \$ 18.00  
 Early Release Day(1pm)= \$10.00

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

**Student Name**

**Grade**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

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

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

**After School 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 afterschool 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”*