



BEFORE and AFTER SCHOOL CARE ENROLLMENT FORM

Student Name: _____ DOB: _____ Grade: _____

Address: _____
Street Town Zip

Father's Full Name: _____ Day Phone: _____

Place of Employment: _____ Hours: _____

Mother's Full Name: _____ Day Phone: _____

Place of Employment: _____ Hours: _____

In case of emergency, please contact:

	<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Please describe any special problems or handicaps that your student has: _____

Place an "X" indicating days and times you desire before and/or after school care for your student

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00A - 8:00A					
SCHOOL HOURS					
3:00P - 4:00P					
4:00P - 5:00P					
5:00P - 6:00P					

The cost for before and/or after school care is \$4.00 per hour for the first child in the family and \$3.00 per hour for each additional child per family. There is a \$5.00 late fee for pick-up after 6:00 PM and for each additional 15-minutes late thereafter. The hourly fees are calculated to the nearest 15-minute interval.

Parent Signature: _____ Date: _____

Trinity Christian admits students of any race, color, national and ethnic origin to all rights and privileges, programs and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, national and ethnic origin in administration of our education policies, admissions policies and athletic and other school administered programs

Preparing Young Minds to Soar