



**Fellowship Christian School
After School Program Registration 2010/2011
Registration Fee is \$45.00**

Student's Name _____

Grade/Teacher _____

Mother's Name _____ Phone (C) _____ (H) _____

Address _____

Email _____

Father's Name _____ Phone (C) _____ (H) _____

Email _____

Address _____

Emergency Contact _____ Phone (C) _____ (H) _____

Child's Allergies/Helpful Information:

I would like to register my child for the following After School Program (ASP):

___ **Full Time – Monday through Friday, 3:00 P.M. – 6:00 P.M. (\$2500 year)**
To authorize monthly payment deduction through FACTS (\$250.00) Aug-May
Please sign here: _____

___ **Part Time - Weekly or Specific Days (\$18 a day) (\$75 week)**

___ **Mon** ___ **Tue** ___ **Wed** ___ **Thu** ___ **Fri**

- My child/children will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s) or ASP personnel. Any authorized person picking up a child will be asked to show picture identification.
- I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, or child's health status.
- ASP personnel will inform me of any incident, including illness, injury, or exposure to communicable diseases, which may affect my child.
- Parent(s) of children who participate in the program will be expected to read a copy of the ASP policies and sign a statement of agreement.

