



**Fellowship Christian School  
After School Program Registration 2011/2012**

Student's Name \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (C) \_\_\_\_\_ (H) \_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (C) \_\_\_\_\_ (H) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ cell \_\_\_\_\_ hm \_\_\_\_\_

Child's Allergies/helpful information  
\_\_\_\_\_  
\_\_\_\_\_

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I would like to register my child for the following After School Childcare:

**Full Time – Monday through Friday, 3:00 p.m. – 6:00 p.m. (\$2500 year)**

**Part Time (drop in basis) weekly or specific days (\$18 a day) (\$75 week)**

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

\* My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or After School personnel. The person picking up a child may be asked to show picture identification. A sibling or baby-sitter under age 18 **IS NOT ALLOWED** to check a child out of the program.

\* 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.

\* The After School Program to keep me informed of any incidents, including illnesses, injuries, exposure to communicable diseases, which include my child.

Please initial the following:

I have read the Fellowship After School Program policies at the FCS website:

<http://www.fellowshipchristianschool.org>

I have received a copy and agree to abide by the policies and procedures for the Fellowship After School Program.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_