SOUTHCREST CHRISTIAN SCHOOL
AFTER SCHOOL CARE 2017-2018
PK – 8th GRADE

Child's Name _____

Last **First** **Middle**

Name by which your child likes to be called _____

Child's Age_____ **Grade** _____ **Date of Birth** _____ **Gender**_____

Home Address _____**City, State, Zip** _____

Home Phone _____**Mom's Cell #** _____**Dad's Cell #**_____

ALLERGIES: _____

Father's Name_____

Home Address _____**City, State, Zip** _____

Business Name _____**Work #** _____

Mother's Name _____

Home Address _____**City, State, Zip** _____

Business Name _____ **Work #** _____

EMERGENCY CONTACT PERSON OTHER THAN YOURSELF:

Name _____

Phone _____

Relationship to Child _____

Check One: **_____5 days (until 4:30) - $105 monthly** **_____5 days (until 5:30) - $160 monthly**

_____drop-in ($15 each drop-in)

AFTER SCHOOL CARE PAYMENT AGREEMENT

There is a one-time enrollment fee of $35.00 each year. Full payment is due on the first of every month and is considered late after the 23rd. If full payment is not received for two months, then your child will be removed from the program. If your child is not picked up on time you will be assessed a late fee. See the SCS handbook for more information.

I agree and fully understand this agreement policy. Failure to comply will result in the removal of my child from the Southcrest Christian School After School Care Program.

Print Parent's Name _____

Parent's Signature_____Date: _____