

# BLUE MOUNTAIN CHRISTIAN SCHOOL EXTENDED CARE REGISTRATION

Child's Name \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ School Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please circle your intent - Will the child be involved in BEFORE and/or AFTER school care?

What days do you anticipate needing extended care? \_\_\_\_\_

What time do you anticipate dropping your child off each day? \_\_\_\_\_

What time do you anticipate picking your child up each day? \_\_\_\_\_

Information given by the parent on the Emergency Information school form will be used when necessary. Please make sure that information is current.

PERSON (S) AUTHORIZED TO PICKUP OR DROP OFF MY CHILD (Must be prepared to show photo ID)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## GENERAL INFORMATION AND ENROLLMENT AGREEMENT

CHILD'S NAME \_\_\_\_\_

Please initial after each sentence.

1. I understand that I or one of my authorized persons will sign my child in daily for the before school program. \_\_\_\_\_

2. I understand that I or one of my authorized persons will sign my child out when picked up at the end of the day. \_\_\_\_\_

3. I understand that I will be charged \$4 per hour per child. Any part of a half hour is equal to one half hour. Amount due will be billed at the end of the month. \_\_\_\_\_

4. I understand that I will be charged \$6 per 15 minutes my child is not picked up after 5:30 PM. \_\_\_\_\_

5. I understand that it is my responsibility to inform my child's extended care program caregiver of any changes to the information on the Emergency Information form. \_\_\_\_\_

6. I understand my child must be present in school and healthy to be in the extended care program each day. \_\_\_\_\_

7. I understand that if there is a late start there will not be any AM extended care provided. If there is an early dismissal, I understand that there will not be any PM extended care provided. \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_