



# REDEEMER CHRISTIAN SCHOOL

## After Care Enrollment Form 2019-2020

### After School Care Hours: 3:15pm – 5:15pm

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Circle Days of Attendance: Mon. Tues. Wed. Thurs. Fri.

State Approximate Pick-Up Times: Pick-Up Time \_\_\_\_\_

Child lives with: ( ) Both Parents ( ) Mother ( ) Father ( ) Guardian

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: H \_\_\_\_\_ W \_\_\_\_\_ Phone: H \_\_\_\_\_ W \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Authorized persons to pick up your child and who to contact in case of emergency:

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical conditions requiring special attention: \_\_\_\_\_

Allergies or Sensitivities: \_\_\_\_\_

**Parents are required to provide snacks for children with food allergies.**

Dietary Restrictions: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Medication (that needs to be administered after school) \_\_\_\_\_

Other (unusual fears, etc.): \_\_\_\_\_

**REVERSE SIDE MUST BE SIGNED**



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**CIRCLE ONE OF THE FOLLOWING OPTIONS:**

**FULL TIME (3 TO 5 DAYS PER WEEK):**

\$45.00 PER WEEK

**DAILY COST:**

\$16 PER DAY

**Multiple child discount:**

First child per family is full price, additional children are half price.

**Payment terms:**

Payments are due 15 days after invoicing and will be billed through the Sycamore© system. If payment is not received, my child will not be allowed into After Care until payment is made. I also understand that there is a \$15.00 late fee, every 15 minutes for any pick up time past 5:30pm, starting at 5:31pm.

I have read and understand the fee schedule.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**After Care Medical Release:**

If medical care is deemed necessary for my child, and I cannot be contacted, I authorize After Care staff to act on my behalf in providing appropriate care.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE