

**Fayetteville Street Christian School**  
**Extended Care Enrollment (Preschool/Elementary)**  
**Return with Registration Form**

**Please Print**

**Child's Name:** \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Gender: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any Type of disability: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Allowed to pick up child:** (other than parents)

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

If my child has homework, I would like for them to work on it during extended care. Yes \_\_\_\_ No \_\_\_\_

I agree the extended care employee may authorize the physician/hospital of his/her choice to provide emergency care in the event student's contacts cannot be reached. Yes \_\_\_\_ No \_\_\_\_

I agree the school has permission to provide first aid treatment. Yes \_\_\_\_ No \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Extended Care Hours: 6:30 a.m. – 7:30 a.m. and 3:15 p.m. – 6:00 p.m.

One Child: \$924/school year  
Two Children: \$1392/school year  
Three or more Children: \$1620/school year  
Each Additional Child: \$220/school year

Daily Drop In: \$12 per child