

Fayetteville Street Christian School
Extended Care 7th-12th Grade Enrollment
Return with Registration Form

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: _____

Required Information:

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: _____

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: 3:15pm-6:00pm

One child: \$1040/school year

Emergency drop-in fee: \$18.00 per day

Two children 7th-12th: \$1502/school year

Three (or more) children 7th-12th: \$1733/school year

One child 7th-12th along with child in elementary extended care: \$1392/school year

One child 7th-12th along with 2 children in elementary extended care: \$1620/school year