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	Daily Drop In: $12 per child
Two Children:	$1392/school year	
Three or more Children:	$1620/school year	
Each Additional Child:	$220/school year	