



TRINITY CHRISTIAN SCHOOL

200 Trinity Way • Morgantown, WV 26505 • 304.291.4659 • www.tcsww.org

**AFTER SCHOOL CARE REGISTRATION
Elementary (K-5th Grade)**

Children Enrolled:

_____	_____	_____	_____	_____
Last	First	Age	Grade	Date of Birth
_____	_____	_____	_____	_____
Last	First	Age	Grade	Date of Birth
_____	_____	_____	_____	_____
Last	First	Age	Grade	Date of Birth

Parent/Guardian _____

Billing Address _____

Phone Number _____
 Mobile Work Home

PICK UP INFORMATION

List individuals other than yourself authorized to pick up your child(ren) from After School Care.

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

EMERGENCY CONTACT NAME / PHONE # _____ / _____

Unless otherwise noted, emergency information, and hospital preference will be taken from school enrollment information. **Allergies and/or Special Request** _____

***Annual After School Care Enrollment & Snack Fee: \$75 per family** Date Received: _____

I have read and agree to the policies of and guidelines of Trinity Christian School’s After Care Program.

Parent/Guardian Signature _____ Date _____



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AFTER SCHOOL CARE REGISTRATION Secondary (6-12th Grade)

Children Enrolled:

_____	_____	_____	_____	_____
Last	First	Age	Grade	Date of Birth
_____	_____	_____	_____	_____
Last	First	Age	Grade	Date of Birth
_____	_____	_____	_____	_____
Last	First	Age	Grade	Date of Birth

Parent/Guardian _____

Billing Address _____

Phone Number _____
Mobile Work Home

PICK UP INFORMATION

List individuals other than yourself authorized to pick up your child(ren) from After School Care.

Name _____	Phone # _____
Name _____	Phone # _____
Name _____	Phone # _____

EMERGENCY CONTACT NAME / PHONE # _____ / _____

Unless otherwise noted, emergency information, and hospital preference will be taken from school enrollment information. **Allergies and/or Special Request** _____

***Annual After School Care Enrollment Fee: \$25 per family** Date Received: _____

I have read and agree to the policies of and guidelines of Trinity Christian School's After Care Program.

Parent/Guardian Signature _____ Date _____