

# BEFORE SCHOOL CARE REGISTRATION

## Children Enrolled:

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

Parent/Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_  
Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Estimated Drop Off Time: \_\_\_\_\_

Annual Before 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 Before/After Care Program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# AFTER SCHOOL CARE REGISTRATION

## **Children Enrolled:**

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

Parent/Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_  
                                   Mobile                                   Work                                   Home

Estimated Pick Up Time(s): \_\_\_\_\_

## 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 # _____

**Allergies and/or Special Request** \_\_\_\_\_

**Annual After School Care Enrollment Fee: \$75 per family**   Date Received: \_\_\_\_\_  
**Drop-In After School Care Enrollment Fee: \$80 per family**   Date's Received: 1.\_\_\_\_2.\_\_\_\_3.\_\_\_\_4.\_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_