

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 _____

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 _____

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: _____

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

Parent/Guardian Signature _____ Date _____