

## HIGH POINT CHRISTIAN ACADEMY AFTERSCHOOL CARE REGISTRATION 2018-2019 Grades TK-6th

Student's Name:	Grade:				
Mother's Name:	Work Phone	e:	Cell Phone: _		
Father's Name:	Work Phon	Work Phone:			
Afterschool Tuit	ION RATES: Regist	eration Fee: \$30	/student (non	-refundable)	
<b>Daily Rate:</b> 2:15 – 4:00 2:15 – 6:00	<u> </u>	Monthly Rate:	2:15 – 4:00 2:15 – 6:00	\$125/month \$200/month	
Day Care on Whole Day T \$30/day	Teacher Work Days				
	will be added to your SMA monthly basis on the date y				
daily Afterschool charges	ve my permission for High s to my SMART Tuition Ac nount will be added to the	count. The paym	ents will be de	ducted September	
will result in a charge of	children not picked up by 6 \$1.00 for every minute a c ed to your SMART Tuition	hild remains in th	e Afterschool	Care after 6:00.	
My child will attend Af	terschool: (Please check	one)			
Daily	Monthly 2:15-4:00	Monthly 2:15-6:00			
Approximate time studen	t will be picked up from A	Afterschool:			
List any food allergies: _					
The following people (ot	her than parents listed abo	ve) have permissi	on to pick up 1	my child:	
Name			Phone number:		
Name		Phone number:			
			umber:		
I agree to adhere to the	Parent Co policies and procedures th and this form for the 2			ol Care Guidelines	
Parent Signatur	e:				

Please sign and return this form to Afterschool Care by the first day of attendance in Afterschool.