



**Southside Christian School**  
**Before/After-School Care Program 2019/20**  
**Registration Form**

<b>For Office Use Only</b>
<b>Date Processed:</b> _____
<b>Registration Fee Rec'd:</b> _____
<b>Payment Method:</b> _____

**When:** Monday - Friday  
**Where:** Upper Campus/Elementary Campus  
**Time:** 3:00 - 6:00 PM  
**Annual Registration Fee:** \$35 per student

**Student Information:**

Student Name(s): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Male Female DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medical conditions/Allergies: \_\_\_\_\_

Student's interests or hobbies: \_\_\_\_\_

**Family Information:**

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Other: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

**Emergency Contacts and Authorized Release Information:**

*The following people have our permission to pick up our child from After-School Care in our absence:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I understand that Before/After-School Care fees will be due on the 20th of the month following the month of service according to the fee schedule on the reverse side. I have read and understand the Before/After-School Care guidelines as written in the Before/After-School Care Program section of the Student Handbook. I agree to pick up my child no later than 6:00 p.m.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

**\*\*Please complete reverse side and return to the main office\*\***

## Before/Aftercare Payment Information – 2019/20 School Year

Student Name(s): \_\_\_\_\_

➤ **FEES ARE PER STUDENT:**

BEFORECARE	PICK-UP BY 4:00 P.M.	PICK-UP BY 6:00 P.M.	DROP – IN 1-2 DAYS PER WEEK
\$5 PER DAY	\$25/WK	\$50/WK	PICK-UP BY 4 P.M. @ \$10/DAY
			PICK-UP BY 6 P.M. @ \$20/DAY

**PLEASE NOTE:** Due to the undue burden it places on the staff, additional per minute charges will apply for students picked up after 6:00 pm.

➤ **BILLING SCHEDULE: BEFORE/AFTER CARE WILL BE BILLED AND PAID THROUGH FACTS FOR BOTH MONTHLY AND DROP IN CARE.**

Due Date	Month of Service
Sept 20, 2019	August
Oct 21, 2019	September
Nov 20, 2019	October
Dec 20, 2019	November
Jan 21, 2020	December

Due Date	Month of Service
Feb 20, 2020	January
Mar 20, 2020	February
Apr 20, 2020	March
May 20, 2020	April
June 22, 2020	May

<b>Step 1: Please initial Service Plan</b>
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- \_\_\_\_\_ **OPTION 1: Pick-up by 4:00 p.m. - \$25 per week**
- \_\_\_\_\_ **OPTION 2: Pick-up by 6:00 p.m. - \$50 per week**
- \_\_\_\_\_ **OPTION 3: Drop In – for 1 or 2 days per week - Pick-up by 4:00 p.m. @ \$10 per day/Pick-up by 6:00 p.m. @ \$20 per day**
- \_\_\_\_\_ **OPTION 4: Before-care - \$5 per day**

**\*\*Please complete and return to the main office\*\***