

# Crescent City Christian School

## After Care 2009-2010 Application

**\*There will be no one to supervise your child before 7:00 A.M.\***

**Please do not drop off your child before 7:00 A.M.**

Students dropped off at 7:00 A.M. must go to the cafeteria.

There is NO CHARGE for Before Care.

### AFTERCARE ONLY

**Registration Fee is \$30.00** per child for Aftercare.

I am enrolling my child in (Please check one):

\_\_\_\_\_ \$125.00/month After Care ONLY (August Tuition is \$60.00)

\_\_\_\_\_ \$20.00/daily drop – in fee

\*\*\*Late Fee Policies:

1. A Late fee of \$1.00/ minute will be assessed for pick – up after 6 P.M. Ex: Pick up at 6:05 means a \$5.00 late fee. Late fees are due at pick – up by whoever picks up the child.
2. AFTER Care payment is due on the 1<sup>st</sup> of the month (check or money order payable to CCCS). A child will not be able to attend After Care if payment has not been paid by the 5<sup>th</sup> of the month.

### **Application:**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Mom's Work: \_\_\_\_\_ Dad's Work: \_\_\_\_\_

Mom's Place of Employment: \_\_\_\_\_

Dad's Place of Employment: \_\_\_\_\_

-over-

**In case of Emergency contact:**

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

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

**Persons allowed to pick child up: (WHEN ENROLLING WE NEED A COPY OF EACH PERSON'S I.D.)**

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

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

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

**Illnesses:**

Please list any illnesses that may hinder participation:

\_\_\_\_\_

\_\_\_\_\_

Please list any food allergies:

\_\_\_\_\_

\_\_\_\_\_

Please list any medication the child may need:

\_\_\_\_\_

\_\_\_\_\_

**In Consideration of this agreement I understand:**

1. I am to enclose the appropriate non-refundable registration fee.
2. The payment is due the first of the month.
3. I/we hereby waive any and all claims and /or injuries sustained by my/our child participating in Crescent City After Care.

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