

Friendship Christian Academy Before & After School Care



Parent's Name _____ Date _____

Child's Name _____ Age _____

Time your child will be dropped off for BSC: _____ A.M.

Time your child will be picked up from ASC: _____ P.M.

Number of Children In Family Enrolled In A. S. C. _____

Child's Health History:

List any health problems the director needs to be aware of:

1. _____

List any medications the child is now taking:

2. _____

List all allergies, if any, to medications your child may have:

3. _____

Emergency Phone Numbers to contact parent:

1. # _____ Name _____

2. # _____ Name _____

3. # _____ Name _____

4. # _____ Name _____

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List below names of authorized people to pick up:

I authorize that _____ to be released from school only to
the following people: (child's name)

_____	_____
Name	Relation
_____	_____
Name	Relation
_____	_____
Name	Relation

Date: ____/____/____ Parents Signature _____

Comments: _____

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- If you sign your child up for Before & After School Care, there will be a standard charge per family, per child(ren). (example: family with one child in BSC & ASC - weekly rate amount \$45.00 weekly) This fee is required if your child is in BSC & ASC for 1 session or all week, or if child is absent from school, standard \$45 fee must be paid. You are responsible for the service the entire school year. If you remove your child from these services readmittance is not permitted during the same school year. After School Care closes at 5:00 p.m. All parents must be here by 5:00 p.m. For children to be dismissed. If your child(ren) are not picked up by 5:00, there will be a charge of \$10 per minute that you are late. In emergency situations, please call school office, otherwise overtime fees will be applied to your account. If nonpayment of services becomes a problem, parent will be contacted. If persist, family will be dismissed from ASC until fees are brought current.
 - Parents are required to supply snack and a drink for child in ASC for snack time.
 - Parents must sign child out at pick up time each evening.
 - If someone else is to pick up your child that day, please call offices before 3 p.m. And ACS Director will be notified. Person picking up your child must have ID with them at pick up and will be responsible to sign child out.
 - Discipline will be administered as FCA rules apply.
 - Homework will be a must before play time, movies, or recreation.
 - All payments should be made to FCA each Friday morning. Parents are to write **“ASC PAYMENTS”** **on the outside of an envelope and send with child. Child will hand it to his/her teacher and she will turn it into the office where a receipt will be issued.**
- One child \$45.00
 Two children \$60.00
 Three children \$70.00
 Four children \$90.00
 Extra Early Care will be \$15 per week i.e., (arrival at 6:30 am = \$60 per week)

AGREEMENT FORM

I _____ the parent(s) of
Parent(s) Name

_____ Have read this form
Student(s) Name

And I (we) understand our obligations to the After School care we have enrolled our child(ren) in. I (we) agree to be responsible for all fees charged and will cooperate with the guidelines and request of FCA and the After Care Program.

Signature

Date _____