

Extended Care Registration 2018-2019

Parent Information

Parents' Names: _____

Address: _____
Street City Zip

Father's Phone: _____ Mother's Phone: _____

Father's Email: _____

Mother's Email: _____

Child Information

1. Child's Name: _____ Grade: _____

Date of Birth: _____

2. Child's Name: _____ Grade: _____

Date of Birth: _____

3. Child's Name: _____ Grade: _____

Date of Birth: _____

Emergency Contacts

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Authorized Pick Up

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Medical Information

Please list any current food allergies, medication allergies, or any other health concerns.

Program Needed

Segments	Before School Care 7:45-9:00	Morning Care 3's Preschool 9:00-10:30	Morning Care 3's Preschool 10:15-11:30	Morning Care 4's Preschool 9:00-11:30	Lunch Care <i>Students bring their own lunch.</i> 11:15/11:30-12:30	Afternoon Care 12:30-3:15
Cost / segment	\$5	\$7.50	\$5	\$12.50	\$5	\$15
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Notes

1. This program is prepay. Billing will occur on the first Friday of the month for fees expected for the upcoming month. Payment will be due within one week of billing.
2. Parents may choose which segments are needed each day. Billing is calculated per day by adding the total of all of the day's segments.
3. Parents are expected to pay for all of their scheduled days each month regardless of absence due to situations such as a family vacation or child's illness.
4. Each child has five 'free passes' to use throughout the year for a missed day of care. **Please notify the director prior to the billing cycle** if you would like to use a pass for the previous month, and your bill will be credited.
5. In order to hold a spot in the DCS Extended Care program, an annual **\$30 non-refundable family registration fee is required**. This is not deducted from your first month's bill. Please include your \$30 payment when you turn in your registration form to the office. Checks can be made out to Dutton Christian School with extended care in the memo.

Parent Commitment

We promise to follow the guidelines of the Dutton Christian Extended Care Program as outlined in the provided parent handbook and pay our fees as stated above.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____