

EXTENDED CARE REGISTRATION SHEET

Family Name _____ Phone _____

Address _____ Zip Code _____

Mother's Work # _____ Father's Work # _____

Cell # _____ Cell # _____

Emergency Contact Number _____ Relationship to Student _____

LIST LEGAL NAME OF STUDENT	Est. Pick-up/ Drop Off Time	Grade Entering
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL COMPUTATION

FEES	Amount Per Student	Number of Students	Total
* REGISTRATION FEE (must accompany form)	\$ 25.00		
* MORNING SESSION/ month	\$ 55.00		
* AFTERNOON SESSION/month	\$ 165.00		
* MORNING SESSION/week	\$ 30.00		
* AFTERNOON SESSION/week	\$ 75.00		
Late pick up fees – as applicable \$5.00 per student every 10 minutes		TOTAL DUE \$	

* Non-refundable Fee

I have read and understand my Financial Responsibilities to the Holmesburg Christian Academy Extended Care Program. I will meet all financial obligations when due and realize that failing to meet the financial obligation my child may not be eligible to continue in the Extended Care Program.

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____