



AFTERSCHOOL ENROLLMENT

After School Program: August 27, 2018 - June 10, 2019; Monday through Friday, from the end of the school day until 6:00 pm; closed on school holidays.

1. Student Information

Name: _____ Teacher: _____ Grade: _____

Allergies/Food: _____ Chronic Illness/Medication: _____

Strengths/Needs: _____ Birth Date: _____

Names of siblings who will also attend After School: _____

Notes: _____

2. Parent/Guardian Information

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Comments: _____

3. Student Pick-up Information:

Please list persons with phone numbers who you give permission to pick-up your child from the program.

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

4. Emergency Contact Information

In the event of an emergency, please list two people we may contact who know your child and can take full responsibility should you not be available.

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

5. After School Program (To be filled out by staff)

Start Date: _____

End/Drop Date: _____

There is a monthly fee for the HCA Afterschool Program. All fees are due by the 15th of the month.

All afterschool fees are setup to be paid electronically through RenWeb. Your account must remain in good standing. If your account is past due, your child(ren) will not be allowed to attend until fees are paid in full.

Afterschool Care Charges			
	Monthly	Weekly	Daily
1st Child	\$ 225.00	\$ 75.00	\$ 20.00
2nd Child	\$ 190.00	\$ 65.00	\$ 17.00
3rd Child	\$ 160.00	\$ 55.00	\$ 14.00
4th Child	\$ 130.00	\$ 45.00	\$ 11.00
5th Child	\$ 100.00	\$ 35.00	\$ 8.00

6. Parent/Guardian Consent for Photographs and Internet Use

I give my consent to the Hillsborough Christian Academy (HCA) to photograph my child and to use such pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release HCA from any claims whatsoever which may arise in said regards. Yes No

I give my consent to the Hillsborough Christian Academy (HCA) to allow my child to use the internet under the supervision of the After School Program staff. Yes No

7. Parent/Guardian Consent to Participate in the After School Program

Program fees are due by the 15th of every month, payable through RenWeb. There will be no refund for holidays, illness, or pro-rating for absenteeism. It is our policy to charge \$1.00 per minute past closing time, which is 6:00 PM. In the event of excessive tardiness (i.e. 3 late pick-ups) or payments not made, families may not be allowed access to the program on the following Monday.

In case of an emergency injury or illness, I authorize the Program to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the school representative designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

The program is not responsible for personal items. **I have read and understand the above.**

I give my consent for my child to attend the After School Program and participate in its activities. Yes No

Parent/Legal Guardian Signature _____

Date _____