

Seekonk Christian Academy
After School Care Family Registration
2019-2020

A separate information sheet must be filled out for each child in your family.
(\$20 initial registration fee per child is due at time of registration)
Hourly rate is \$8.00
(Late pickup of 10min past the hour will incur an additional fee of \$8.00)

Parent Name(s) _____

Home Address:

Street _____

City/Town _____ State _____ Zip Code _____

Phone Numbers:

Mother:

Mobile _____ Work _____ Home _____

Father:

Mobile _____ Work _____ Home _____

Children (Names only, a separate child information sheet is to be filled out for each child)

Emergency and Authorized Pick-up Contact Information (Minimum of 2 other than parents)

Contact 1

Name _____

Mobile _____ Work _____ Home _____

Contact 2

Name _____

Mobile _____ Work _____ Home _____

I give permission for my children, listed above, to take part in After School Care at Seekonk Christian Academy. I give permission for contacts 1 and 2, listed above, to be contacted in the case of an emergency and authorize them to pick up my children from After School Care. I give my permission, should the need arise, for my child to receive emergency treatment. I understand that every effort will be made to contact me before any action is taken. I will not hold Seekonk Christian Academy or her agents liable for any accident or injury.

Parent/guardian signature

Date

Parent/guardian signature

Date

Seekonk Christian Academy
After School Care Child Information
2019-2020

(Please neatly print all information below)

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Child's full name

Grade _____ Date of Birth _____

Child's activities of interest

Allergies, Medications, and Physical Limitations

Please indicate when this child might potentially attend After School Care:

_____ Same as siblings

_____ Every day of the school year

_____ Only certain days and times (check all possibilities)

Pick up time	Monday	Tuesday	Wednesday	Thursday	Friday
4:00 PM					
5:00 PM					

_____ Only as needed throughout the school year

What, if anything, would you like to see as a part of After School Care for this child?

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Parent/guardian signature

Date