

Fayetteville Street Christian School

Extended Care Enrollment

Return with Enrollment Form

Activity Fee Enclosed: \$5.00 Yes _____ Check # _____ Cash _____

Child's Name: _____
Last First Middle

Preferred Name: _____

Grade Level: _____ Gender: _____ Blood Type: _____

Allergies: _____

Any Type of disability: _____

Parent Name: _____

Phone Numbers: _____

Parent Name: _____

Phone Numbers: _____

Doctor's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Hospital Name: _____ Phone Number: _____

Allowed to pick up child: (other than parents)

Name _____ Phone Number: _____

Name _____ Phone Number: _____

Name _____ Phone Number: _____

Name _____ Phone Number: _____

If my child has homework, I would like for them to work on it during extended care. Yes _____ No _____

I agree the extended care employee may authorize the physician/hospital of his/her choice to provide emergency care in the event student's contacts cannot be reached. Yes _____ No _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Extended Care Fees will be applied to FACTS.

Extended Care Hours: 6:30 a.m. – 7:30 a.m. and 3:30 p.m. – 6:00 p.m.

One Child: \$800/school year
Two Children: \$1200/school year
Three or more Children: \$1400/school year