

FBCS

After School Care Registration Form

Date: _____

Hours: **3:00 – 5:30 p.m. Monday – Friday**

Cost: **Full-time: \$190/month (Mon. - Fri.)**
\$230/month for non-FBCS students

Part-time: \$150/month (up to three days)
\$180/month (up to three days) Non-FBCS students

Drop-in fee: \$25/day (not registered in after care program)

Late pick up fees: \$5/each 10 minutes beginning @ 5:30 p. m.

Student Name: Last: _____ First: _____ Grade _____

F/T _____ P/T _____ If part time, circle which days: M T W Th F (up to 3 days)

Mother's Name: _____

Work ph: _____

Home ph: _____

Cell ph: _____

Father's Name: _____

Work ph: _____

Home ph: _____

Cell ph: _____

Names of persons picking up your child (other than parents):

1. _____ Ph# _____

2. _____ Ph# _____

Emergency Contact:

Name: _____ Ph# _____

Medical Information:

Allergies: _____ If yes, what? _____

Y N

Other Medical Conditions: _____

***NOTE: School office MUST be notified when child is withdrawn from after school care, in order to avoid accumulating ASC fees.**

Payment must not fall more than one month behind in order to have your child continue in the afterschool care program

I have read & agree upon all above information: Signature _____