



Extended Care (Before and After School) Registration

Student Last Name, First Name

/ Grade / Teacher

_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____

PLEASE INCLUDE A \$20.00 REGISTRATION FEE PER CHILD PER PROGRAM (ONE TIME NON-REFUNDABLE FEE).

Student(s) home address: _____

City: _____ State: _____ Zip Code: _____

Primary telephone: (_____) _____ Cell: (_____) _____

Parent/Guardian who the child resides with:

Name: _____ Name: _____

Day phone: _____ Day phone: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Family Status: Married__ Separated__ Divorced__ Single__ Either Deceased__

Emergency Contacts (to be contacted and can pick up in the event you cannot be reached):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Is there someone who, by court order, is NOT permitted to be in contact with this child(ren): Yes No

If yes, Name: _____ Relationship: _____

It is the responsibility of the parent/guardian to provide a copy of the court order to Extended Time.

Special Notes or Health Concerns:

Is your child on any medication? Yes No If so, please specify:

My child will attend Extended Care for:

- Before Care** 6:30am-7:30am Schedule: M Tu W Th Fri (circle days)
- Before Care Express** 7:10am-7:30am Schedule: M Tu W Th Fri (circle days)
- After Care** End of school-6:00pm Schedule: M Tu W Th Fri (circle days)
- After Care Express K-8** 2:50pm-3:10pm; 1:50pm-2:10pm W Schedule: M Tu W Th Fri (circle days)
- After Care Express PreK** 2:30pm-2:50pm; 1:30pm-1:50pm W Schedule: M Tu W Th Fri (circle days)
- After School Care for Wednesday ONLY** End of school-6:00pm Schedule: W (circle day)

START DATE: _____

EXTENDED CARE FEES:

- **Before Care Only (B.C.)** - \$6.00 per day per child (6:30am - 7:30am)
- **Before Care Express Only (B.C.E.)** - \$3.00 per day per family (7:10am - 7:30am)
- **After Care Only (A.C.)** - See Fee Chart below for Cost of Program
- **After Care Express Only(A.C.E.) K-8** - \$3.00 per day per child 2:50pm-3:10pm (1:50pm-2:10pm W)
- **After Care Express Only(A.C.E.) PreK** - \$3.00 per day per child 2:30pm-2:50pm (1:30pm-2:50pm W)

Cost of After Care Program					
Number of Days per Week, Includes Snack					

	5 Days	4 Days	3 Days	2 Days	1 Day
1 Child	\$49	\$39	\$32	\$22	\$12
2 Children	\$87	\$69	\$59	\$39	\$22
3 Children	\$122	\$102	\$87	\$67	\$32

Please include a \$20.00 registration fee for each child.

DROP OFF AND PICK UP TIMES:

B.C. Drop off time (a parent or authorized person must sign-in the child each day):

- **6:30am**

B.C.E. Drop off time (a parent or authorized person must sign-in the child each day):

- **7:10-7:30am**

A.C. Pick up time (a parent or authorized person must sign-out the child each day):

- **6:00pm**
- A \$5 fee will be charged for every 15 minutes late. After 3 late pickups your child will no longer be eligible to attend the program.

A.C.E. Pick up time (a parent or authorized person must sign-out the child each day):

- **K-8: 3:10pm (2:10pm on Wednesday)**
- **PreK: 2:50pm (1:50pm on Wednesday)**

FEE POLICY: Fees are collected only for the days used. Fees may be paid through the ProCare App or cash/check (payable to HCS) in the school office. Payments are expected in a timely manner. Excessive unpaid fees may result in the child not being able to attend the program.

MEDICATION

If medication is required during *After Care* hours, only prescription medication may be dispensed. A Parent Consent form must be completed by the parent or guardian and a Physician's Statement Form must be completed by the child's physician and accompany the medication. (Forms are available in the school office.)

MEDICAL RELEASE:

HCS Extended Care has our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical/Health Conditions _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student? _____

PARENT STATEMENT:

I hereby state that (child's name) _____ is in good mental and physical health condition to participate in the activities provided by **HCS Extended Care**. I hereby release **HCS Extended Care, and HCS, its employees and staff** from liability to the above-named child, arising from injury to the person or property of the above-named child occurring on the premises of **HCS**.

I understand that **HCS Extended Care** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct. **HCS Extended Care** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge.

I have received a copy of the Extended Care Guidelines and agree to the terms. In addition, I have read the fee policy, medical release and parent statement and agree to comply.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE _____