



# **Extended Care Registration Form**

## **After School Care for School-Age Children (Ages 5-12)**

Student Name: \_\_\_\_\_

Student Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_ Student's Gender: Male Female

Parent/Guardian (1) Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian (2) Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church Home: \_\_\_\_\_ Child Baptized? Yes No

How did you hear about our program? \_\_\_\_\_

## Schedules

Priority is given to families who schedule and pay for set days of the week. Students not on set schedules can be added to the schedule only if openings are available. Please indicate the time you intend to pick up your child each day. If your child is involved in extracurricular activities at LCCA that end at 3:45, you will still pay \$7 for the time before 4pm.

	Monday	Tuesday	Wednesday	Thursday	Friday
Pick-up time					

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent's/Guardian's Signature)*

Registration Fee of \$50 per child or \$75 per family (\$35 per child for returning students)  
*We will not accept the Registration Fee if we do not have a spot available for your child. This registration fee is non-refundable.*

*Office Use Only: Amount Paid:* \_\_\_\_\_ *Type of Payment:* \_\_\_\_\_ *Invoice #:* \_\_\_\_\_