



# Providence Christian Academy

2021-2022

## After Care Registration

Aftercare is available by the week only, and payment is due on the Friday of the week before. Aftercare runs from 2:30pm to 6:00pm. Students not picked up by 6PM will be charged \$1 per minute.

### CHILD INFORMATION: (PLEASE PRINT)

Childs Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

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

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

Cell Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home #: \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip: \_\_\_\_\_

City and Zip: \_\_\_\_\_

### EMERGENCY CONTACTS:

Other persons authorized by the parent to pick up child. If the parent cannot be reached, the following persons may be contacted in case of illness, injury, or emergency. It is the registering parent's responsibility to keep the list current.

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Home #: \_\_\_\_\_ Relationship: \_\_\_\_\_

1.

2.

3.

4.

Registering Parent/Guardian Signature: \_\_\_\_\_

Registering Parent: Guardian Signature: \_\_\_\_\_



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### What We Need To Know About Your Child

Please complete for EACH child you are Registering

**CHILD #1:**

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

Allergies: \_\_\_\_\_ Yes \_\_\_\_\_ No Please list: \_\_\_\_\_

Medical Conditions:? NO or YES (circle one) if yes, please list:

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Please list any other important information that we should be aware of concerning your child: Examples: Medications needed? If administered, when (at home)? Medical equipment needed (such as EpiPen, inhaler, blood sugar monitors and/or insulin). PLEASE BE SPECIFIC::

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**CHILD #2:**

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

Allergies: \_\_\_\_\_ Yes \_\_\_\_\_ No Please list: \_\_\_\_\_

Medical Conditions:? NO or YES (circle one) if yes, please list:

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Please list any other important information that we should be aware of concerning your child: Examples: Medications needed? If administered, when (at home)? Medical equipment needed (such as EpiPen, inhaler, blood sugar monitors and/or insulin). PLEASE BE SPECIFIC::

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### PAYMENT POLICY

#### **REGULAR PROGRAM FEE:**

Aftercare fees are due every Friday for the following week attending. Payment may be made to Providence Christian Academy. Tuition for PCA Families is \$55 per week, and non-PCA families \$65, weekly.

Emergency Drop In : \$15 per day, per student.

Family discount: 1st child regular price, additional siblings \$10 discount each.

#### **PAYMENT POLICY & PROCEDURES:**

Payment will be accepted in the PCA school office, or aftercare pickup area on Friday's. All payments must be made prior to the start of the attendance period. Payment must be made by check or cash. If digital payment online, or by credit card becomes available you will be notified. If payment is made late, your child will not be permitted to attend the aftercare program until the bill is paid in full.

#### **RETURNED CHECKS:**

There is a returned check charge of \$25.00.

#### **LATE PICK-UP CHARGE:**

Understand that you will be charged \$1 per minute, after 6:00pm. (based on the PCA clock)

Example: Arrive at 6:05pm Charge: \$5, Arrive at 6:15 Charge \$15

This will be paid in check or cash at the time of late pick up, or before aftercare is used again or arrangement made with office.

#### **ACKNOWLEDGEMENT OF FEES:**

I acknowledge receipt of the schedule of fees to be paid by me for my child's attendance at Providence Christian Academy's Aftercare. I understand that in the event I fail to pay these charges as set out, my child will not be permitted to attend until bill paid in full.

Child(rens) Name: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### DISCIPLINE POLICY

Our vision is to create a learning environment that is safe, excellent, interesting and motivating.

We expect all employees to treat the children in a respectful manner and for the children in turn to respond in the same way. We also expect the children to show this same respect to each other and to use all equipment and facilities in an appropriate manner.

Children who are demonstrating inappropriate behavior will be redirected as a first intervention. For more serious infractions such as biting, fighting, improper language or for repeated infractions, the child will be sent to the Aftercare Coordinator for further discussion. If this does not resolve the problem, the parents will be contacted for assistance. Repeated misbehavior can result in dismissal from the program.

I have read and fully understand Providence Christian Academy's After Care discipline policy.

Child(rens) Name: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Consent Form

I hereby give my consent to have my child participate in all activities. I also realize the Providence Christian Academy's After Care program will not be responsible for any minor injuries that might occur during the normal school day (ex. Scratched knees, cuts, bruises, bites, etc.)

I have read the above and Give My Consent:

Child(rens) Name: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In case of any emergency, Providence Christian Academy's Aftercare Program will attempt to reach either parent or the Emergency Number given by the parent. If for any reason none of these parties are available, I authorize Providence Christian Academy's After Care program to use and transport to, the closest medical facility and grant permission to perform any emergency procedure at the discretion of that medical facility.

Emergency Name: \_\_\_\_\_

First Number to call when a parent can not be reached.

Emergency #: \_\_\_\_\_

I have read the above and Give My Consent:

Child(rens) Name: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_