



# PROVIDENCE CHRISTIAN ACADEMY

## AFTERCARE REGISTRATION

ACADEMIC YEAR: \_\_\_\_\_

Aftercare is available by-the-week only, and payment is due on the Friday of the week prior to services. Aftercare runs from 2:30pm – 5:30pm. Students not picked up by 5:30pm will be charged \$1 per minute, per child.

### CHILD INFORMATION: (please print)

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Name: _____	Name: _____
Cell #: _____	Cell #: _____
Home #: _____	Home #: _____
Work #: _____	Work #: _____
Address: _____	Address: _____
City, Zip: _____	City, Zip: _____

### EMERGENCY CONTACTS:

These other persons are authorized by the parent to pick up the student(s). If the parent cannot be reached, the following persons may be contacted in case of illness, injury, or an emergency. It is the registering parent's/guardian's responsibility to keep the list current.

<u>Name:</u>	<u>Cell #</u>	<u>Other #</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Registering Parent/Guardian Signature:

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

**PROVIDENCE CHRISTIAN ACADEMY**  
**AFTERCARE REGISTRATION, CONT.**  
**WHAT WE NEED TO KNOW ABOUT YOUR CHILD**

Complete the following section for EACH child being registered for aftercare.

**CHILD #1:**

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

Allergies:                    Y / N                    List: \_\_\_\_\_

Medical Conditions:    Y / N                    List: \_\_\_\_\_

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Please list any other important information that we should be aware of concerning your child.  
*Examples:* medications, time administered, medical equipment necessary (such as EpiPen or inhaler, etc.) PLEASE BE SPECIFIC. \_\_\_\_\_

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**CHILD #2:**

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

Allergies:                    Y / N                    List: \_\_\_\_\_

Medical Conditions:    Y / N                    List: \_\_\_\_\_

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Please list any other important information that we should be aware of concerning your child.  
*Examples:* medications, time administered, medical equipment necessary (such as EpiPen or inhaler, etc.) PLEASE BE SPECIFIC. \_\_\_\_\_

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**PROVIDENCE CHRISTIAN ACADEMY  
AFTERCARE REGISTRATION, CONT.**

**WHAT WE NEED TO KNOW ABOUT YOUR CHILD, CONT.**

Complete the following section for EACH child being registered for aftercare.

**CHILD #3:**

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

Allergies:                    Y / N                    List: \_\_\_\_\_

Medical Conditions:    Y / N                    List: \_\_\_\_\_

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Please list any other important information that we should be aware of concerning your child.  
*Examples:* medications, time administered, medical equipment necessary (such as EpiPen or inhaler, etc.) PLEASE BE SPECIFIC. \_\_\_\_\_

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**CHILD #4:**

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

Allergies:                    Y / N                    List: \_\_\_\_\_

Medical Conditions:    Y / N                    List: \_\_\_\_\_

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Please list any other important information that we should be aware of concerning your child.  
*Examples:* medications, time administered, medical equipment necessary (such as EpiPen or inhaler, etc.) PLEASE BE SPECIFIC. \_\_\_\_\_

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**PROVIDENCE CHRISTIAN ACADEMY**  
**AFTERCARE REGISTRATION, CONT.**  
**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 is \$60 per week.

Emergency Drop-In: \$25 per day, per student.

Family discount: 1<sup>st</sup> child regular price, additional siblings \$10 discount each (i.e.- 3 children: \$60+\$50+\$50 =\$160 per week).

**PAYMENT POLICY & PROCEDURES:**

Payment will be accepted in the PCA school office or aftercare pickup area on Fridays. 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, parents/guardians 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 fee of \$25.

**LATE PICK-UP CHARGE:**

Understand that you will be charged \$1 per minute after 5:30pm based on the clocks at PCA. For example, should you arrive at 5:35pm, you will be charged \$5; arrive at 5:45 and you will be charged \$15. This will be paid in check or cash at the time of late pick up or before aftercare is utilized again or arrangement is made with the front office.

**ACKNOWLEDGEMENT OF FEES:**

I acknowledge receipt of the schedule of fees to be paid by me for my child(ren)'s attendance at *Providence Christian Academy* 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 my bill is paid in full.

Child(ren)'s Name(s): \_\_\_\_\_

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

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

**PROVIDENCE CHRISTIAN ACADEMY  
AFTERCARE REGISTRATION, CONT.**

**DISCIPLINE POLICY**

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

We expect all employees to treat 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 the Aftercare Discipline policy of *Providence Christian Academy* as outlined above.

Child(ren)'s Name(s): \_\_\_\_\_

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

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

**PROVIDENCE CHRISTIAN ACADEMY  
AFTERCARE REGISTRATION, CONT.**

**CONSENT FORM**

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

I have read and agree to the above statement and give my consent:

Child(ren)'s Name(s): \_\_\_\_\_

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

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

**AUTHORIZATION FOR EMERGENCY MEDIAL TREATMENT**

In case of any emergency, *Providence Chistian Academy's* aftercare program will attempt to reach either parent or the emergency number given on file. If for any reason none of these parties are available, I authorize *Providence Christian Academy's* aftercare program personnel to have my child transported to the nearest medical facility, and grant permission for any emergency procedures necessary to be carried out at the discretion of that medical facility.

EMERGENCY NAME: \_\_\_\_\_

FIRST NUMEBR TO CALL WHEN A PARENT CANNOT BE REACHED: \_\_\_\_\_

I have read and agree to the above statement and give my consent:

Child(ren)'s Name(s): \_\_\_\_\_

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

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