



NORTHSIDE CHRISTIAN SCHOOL EXTENDED CARE PROGRAM

School Year _____

Child's Name _____
Last First Middle

Grade _____ Birthdate _____

Parent(s)/Guardian(s) _____

Address _____
Street City State/Zip

Telephone Numbers: Home _____
Work _____
Cell _____

Annual Registration Fee: \$35.00 per student (Non-Refundable)

Cost: Daily rate is \$7.00 per hour (if you only use the first half-hour the cost will be \$5.00).

Time: Indicate the approximate pick-up time

- Pre-School – starting time: 3:00 p.m. Pick-up time: _____
- K through 6th – starting time: 2:15 p.m. Pick-up time: _____

Day(s) of the week: Indicate the days(s) of the week you will be using

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

The Extended Care Attendant will mark a daily log in sheet with the times and your signature. You will receive a regular billing indicating how much you owe on a monthly basis.