

FAITH CHRISTIAN SCHOOL

FAITH ZONE

An Afterschool Enrichment Experience

2017-2018

Registration Form and Fees

Office Use Only:

Date: _____

Registration: _____

Check # _____

Registration Fee: \$15.00. One form per student.

Weekly charges per student:

1 day attendance \$18

2 day attendance \$36

3-5 day attendance \$60

3-5 day each additional sibling \$45

Additional Fees:

Additional fee on early dismissal days \$10 per student.

A late pick up fee of \$1 per minute will be added after 6:00 p.m. each day per student.

Please check the box if your student is planning to participate full time in Faith Zone (this is for planning purposes)

Child's Name _____

Address _____

Home Phone _____ Grade _____ Birth date _____

Favorite Snacks: _____

Parent Contact Information

Home Phone (Mom) _____

Home Phone (Dad) _____

Work Phone (Mom) _____

Work Phone (Dad) _____

Cell Phone (Mom) _____

Cell Phone (Dad) _____

Who should we contact in an emergency if parents cannot be reached? (Add others if necessary.)

Name _____

Home phone _____

Work Phone _____

Cell Phone _____

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

OVER

Pick Up Regulations:

You must list ALL people who have permission to pick up your child each day from Faith Zone. Your child must be signed out by an adult (18 years or older) by 6:00 p.m. each day. A late fee of \$1.00 per minute will be applied after 6:00 p.m. Your child will not be released to anyone who is not listed on this form. You (or your pick-up person) should be prepared to show ID if requested to do so.

The following list shows the people who may pick up my child.

| | |
|-------------|----------------------|
| Name: _____ | Contact Phone: _____ |
| Name: _____ | Contact Phone: _____ |
| Name: _____ | Contact Phone: _____ |
| Name: _____ | Contact Phone: _____ |
| Name: _____ | Contact Phone: _____ |

Medical Information

List all known allergies (seasonal, food drug allergies) _____

Is there anything we need to know about your child? (i.e., any special need or physical condition that may keep him/her from participating in activities?)

Parental Release

In case of an emergency the attending physician has my permission, at the discretion of Faith Christian School, Roanoke, VA to perform whatever care necessary for the welfare of my child until such time you are able to reach me (us) personally. This permission is granted for the 2017-2018 school year, and in relation to the Afterschool program.

Parent(s) Signature(s) _____
Date: _____

Parent Payments:

I am responsible for all fees pertaining to Faith Zone for the 2017-2018 school year which are due and payable monthly.

Parent(s) Signature(s) _____

Please go on 8 to 18 on our website fcsva.com, **parent resource** and **back to school** tab to make a registration payment for Faith Zone.

If you have any questions, please contact Sherry Oster at soster@fcsva.com