



SAVANNAH CHRISTIAN
Preparatory School

**Before & After Care Program
2016 - 2017 Registration Form & Financial Contract**

To register, please fill out both sides of this contract (one for each child) and return it with the \$25.00 registration fee to the Chatham Parkway Lower School office by August 7, 2015. Doing so will secure a space for your child in the Before & After School Care Program (as detailed below). **The fees listed below will be billed over a nine month period beginning in August and ending in April. A May payment is NOT required. THIS IS A PAYMENT SCHEDULE for the programs that cover the entire 36 weeks of school (180 days). There are NO adjustments for Christmas break, Spring break, school holidays, etc; you will be notified if care will be provided during the breaks and school holidays. An additional daily fee is required for extra days of care; lunch is provided on those days. Your obligation is month to month and requires a 2 week notice to discontinue participation. A drop-in fee of \$40.00 will be charged for daily drop-ins.**

****We do not send monthly statements.**

Please check desired program:

<input type="checkbox"/> Before School Care	\$135 / month	Hours: 6:30 a.m. to 7:50 a.m.
<input type="checkbox"/> After School Care	\$225 / month	Hours: 2:45 p.m. to 6:00 p.m.
<input type="checkbox"/> Before & After Care	\$250 / month	Hours: refer to program hours above

Student's Name _____ Grade entering _____
Gender _____ Age _____ Date of Birth ____/____/____ Home Phone _____
Home Address _____
City _____ State _____ Zip Code _____
Mother _____ Home Phone _____ Cell _____
Employer _____ Work phone _____
Employer's Address _____
Email address: _____
Father _____ Home Phone _____ Cell _____
Employer _____ Work Phone _____
Employer's Address _____
Email address: _____
Emergency Contact _____ Phone# _____
Pediatrician _____ Phone# _____
Preferred Hospital _____
Insurance information _____

Persons authorized to pick up Student:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

Persons NOT authorized to pick up Student:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

DEVELOPING THE WHOLE PERSON TO THE GLORY OF GOD

Parent/School Agreement

(Please initial after each statement indicating your agreement with the item.)

1. Parents are responsible for all fees, including:
 - a. Monthly payments are due on the first day of each month. _____
 - b. There will be a \$25.00 late payment fee, which will be assessed to any account that is not paid by the 5th of each month. _____
 - c. There will be a \$35.00 fee for all returned payments. _____
 - d. There will be a \$25.00 late pick-up fee charged for every quarter hour after 6:00 p.m. that a child is not picked up. _____
2. I understand that failure to keep my account 'current' may result in suspension of After Care. _____
3. I understand that I must walk in the building and sign out my child each day. _____
4. I am aware that multiple buildings may be used during the afternoon; i.e. Akins, Cafeteria, Media Center, and Akins Art Room, and other classrooms. _____
5. I understand that when students play and/or interact in physical or social activities, there is a potential for accidents and/or injury. I release SCPS from responsibility for any accident or injury to the above listed student that occurs while the student participates in the After Care Programs and will hold SCPS harmless from any liability for such accidents or injuries. _____
6. I give my permission for my student to ride SCPS authorized vehicles for this school related activity or other sponsored purposes. _____
7. I will keep my student home if he/she is diagnosed with a contagious disease or exhibits any of the following symptoms within the 24 hour period prior to the beginning of a day of school: fever (101 or more), vomiting or diarrhea. _____
8. I will immediately inform the coordinator of the Extended Care Programs of changes in addresses, phone numbers, employment, emergency contacts or family situations. _____
9. I understand the guidelines regarding student behavior as outlined in the SCPS Student and Parent Handbook apply to all After School Programs. _____

The parent(s)/guardian(s) of _____; do hereby authorize the bearer of this document to obtain any and all medical, surgical, and/or emergency care in which the bearer's option is needed by the above named child. I/We further accept full responsibility for the payment of any and all debts or expenses incurred from such medical, surgical and/or emergency care.

I hereby grant SCPS full permission to give Tylenol in case of a fever or Benadryl in case of an allergic reaction. And hereby release SCPS from any liability if a reaction or complication occurs as a result of administering these medications. Tylenol dosage _____ Benadryl dosage _____

Known allergies / medical conditions:

Signing this contract indicates acceptance of the above items. Signing also indicates acknowledgement of this contract with Savannah Christian Preparatory School herein referred to as "School" and/or "SCPS."

Parent/Guardian

Date