

**FLUSHING CHRISTIAN SCHOOL AFTER SCHOOL
REGISTRATION FORM**

1. The After School Program (A.S.P.) will begin the first Monday following the opening of school and will end the last week of school. **There will be no After School Program the Wednesday before Thanksgiving, concert days, and the last day of school.**
2. The program runs Monday- Friday. It begins after dismissal and ends at 6:00 PM. It will consist of:
 *Homework Time *Snack Provided by the Program *Recreation
3. Written notification should be received on the day of participation for those attending on a daily basis.
4. Parents must arrange transportation from the program.
5. Payments are due prior to participation in the program. If you should need to leave your child unexpectedly, we will accept payment when you pick them up. Payments can be made by cash, check, or credit card. Checks can be made payable to : Flushing Christian School
6. The payment policy is as follows:
 Weekly - \$110.00 per week for the 1st child. \$50.00 per week each additional child.
 Daily - \$30.00 per day for the 1st child. \$20.00 per day for each additional child.
 Hourly - \$13.00 per hour up to 2 hours for the first child. \$10.00 for each additional child.*

 **Over 2 hrs. is considered a full day and will be charged the daily rate.*
7. **There is a late pick-up fee for every 15 minutes if the child(ren) is picked up after 6:00 p.m. \$25.00 for first 15 minutes and \$45.00 for each additional 15 minute segment.**
8. **Payments must be made promptly.** Payments in arrears for two weeks will result in the child(ren) being unable to participate in the program.
9. A conduct grade of A or B is required for admittance into the program and must be maintained. Your Child may be asked to leave the program if discipline rules are not adhered to.

------(Please complete and return this portion to the school office)-----

FLUSHING CHRISTIAN SCHOOL A.S.P. REGISTRATION

Student: _____ Grade _____

will participate in the A.S.P.: monthly weekly daily basis circle days (M, T, W, Thurs, F)

Mother's Phone Number: _____ Father's Phone Number: _____

Child will be picked up by: _____ Tel. #: _____

In case of an emergency, please contact: _____

Emergency Phone Number: _____ or _____

Allergies/Medications/Special Instructions:

