

FLUSHING CHRISTIAN SCHOOL
AFTER SCHOOL PROGRAM
2024-2025 REGISTRATION FORM

- 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 last school day before Thanksgiving, Christmas, Winter & Easter Breaks, concert days, and the last day of school.**
- The program runs Monday- Friday. It begins at 2:50 PM and ends at 5:50 PM.**
 It will consist of: *Homework Time *Snack Provided by the Program *Recreation
- Parents must arrange transportation from the program (no yellow buses available).
- Payments are due when you pick them up. Payments can be made by cash, check, Zelle (pay@fcsnyc.org) or credit card. Checks can be made payable to: Flushing Christian School
- The After School Rate is as follows: *The After School program closes at 5:50PM. Late fees apply after 6PM.*

	1 student	2 students	3 students
1 hour	\$ 15	\$ 25	\$ 35
2 hours	\$ 30	\$ 50	\$ 70
3 hours = 1 day	\$ 35	\$ 55	\$ 75
2 days	\$ 70	\$ 110	\$ 150
3 days	\$ 105	\$ 165	\$ 225
4-5 days= 1 week	\$ 115	\$ 175	\$ 225

Time	Add'l Fee
6:00-6:15	\$ 35.00
6:16-6:30	\$ 55.00
6:31-6:45	\$ 110.00
6:46-7:00	\$ 150.00
7:01-7:15	\$ 200.00

- Three-Strikes Late Policy:** *If a student has been picked up after 6PM for the THIRD time, they will no longer be allowed to participate in the After School Program for the remainder of the school year.*
- Payments must be made promptly.** Payments in arrears for two weeks will result in the child(ren) being unable to participate in the program.
- 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: 2024-2025

Student: _____ Grade _____

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

Mom's Name: _____

Dad's Name: _____

Mom's Phone Number: _____ - _____ - _____

Dad's Phone Number: _____ - _____ - _____

In case of emergency, **and both parents can't be reached**, please contact:

Other 1 (Name): _____ **Other 2** (Name): _____

Relationship to student: _____

Relationship to student: _____

Contact Number: _____

Contact Number: _____

I give permission to have my child to be picked up by: Mom Dad Other 1 Other 2

ALLERGIES/MEDICATIONS/ SPECIAL INSTRUCTIONS: _____
