FLUSHING CHRISTIAN SCHOOL
AFTER SCHOOL PROGRAM
2025-2026 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 last school day before Thanksgiving, Christmas, Winter & Easter Breaks, concert days, and the last day of school.**

2. **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

3. Parents must arrange transportation from the program (no yellow buses available).

4. 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

5. 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

After 6PM Late Fees:

Time	Addt'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

6. **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.***

7. **Payments must be made promptly.** Payments in arrears for two weeks will result in the child(ren) being unable to participate in the program.

8. 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: 2025-2026

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: _____
_____