

SCA EXTENDED DAY REGISTRATION FORM

Student's Name _____

Grade: _____

Primary Contact Name _____

Address _____

Primary Phone # _____ Alternate Phone # _____

I will be enrolling my child on a weekly basis. _____

I will be enrolling my child for the following day(s):

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Medical Information

Any present medical conditions or allergies which should be known:

IN CASE OF ILLNESS OR ANY EMERGENCY (EARLY DISMISSAL DUE TO WEATHER, ETC.) Please list the name and telephone numbers of two people and their relationship (Grandpa, friend, etc.) that we may contact in case one of the parents cannot be reached.

1. _____ Phone # _____

2. _____ Phone # _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENT: In the case of an emergency such as an accident or serious illness, I understand that the school shall attempt to contact me. If I cannot be reached, I authorize the school to contact the emergency contacts listed on this form. If the additional contacts cannot be reached, I authorize the school to take whatever steps are deemed necessary.

Salem Christian Academy Extended Day Program

This program is designed to benefit families by providing affordable and accessible child care. Children will be assisted with homework, provided with snacks, and have recreation time. We will have access to technology and the gym. Children may work on school projects or educational computer programs in these areas. They may also have free time. We will have some special events and parties throughout the school year. The extended day program will close at 5:30 PM. Salem Christian Academy Extended Day Program operates on guidelines and policies set forth by the Salem Christian Academy School Board.

Payments and Procedures:

Registration Fees

# of Children	Weekly	Half Week	Drop-In
1	\$40	\$20	\$15
2	\$65	\$35	\$25
3	\$80	\$50	\$35

- Week = 3 or more days
- Half Week = 2 days, regardless of number of hours in care
- Drop-in (one day)

*Half Week = 2-day week as determined by the school calendar (ex. Thanksgiving week would be considered Half Week). Parents may opt for their children to stay only 2 days per week; this would be considered Half Week rates. Inclement weather may cause a Half Week. In this case, the following week parents would be charged the reduced rate.

**If the economy dictates that you no longer need the services of our program, you may withdraw your child to avoid paying for weeks you do not need and re-enroll your child when your circumstances change.

The SCA Extended Day Program will not operate on holidays, early release days or teacher workdays.

Parent Agreement

_____ I have read and agree to abide by the Salem Christian Academy Extended Day payment policies outlined in the Extended Day information provided.

_____ I release Salem Christian Academy, Salem Baptist Church, its administration, and any of its employees from any liability to my child or myself as a result of personal injury or property damage occurring while the above child is in the care of Salem Christian Academy Extended Care at school or during a school activity.

Parent/Guardian

Date

Believing whole-heartedly that all people are created equally by God and have been made in His image, Salem Christian Academy welcomes students of all races, colors, and national or ethnic backgrounds to all the rights, privileges, programs, and activities made available to students at Salem Christian Academy.