

# SCA EXTENDED DAY REGISTRATION FORM

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

I will be enrolling my child/children on a monthly basis. \_\_\_\_\_

I will be enrolling my child/children on a daily basis. \_\_\_\_\_

## Medical Information

Any present medical conditions or allergies which should be known:

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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 # \_\_\_\_\_

## 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. 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: Send cash or check to the school office. **Balances for each month need to be paid by the end of the same month.**

Extended Day Rates		
# of Children	Monthly	Daily Drop-In
1	\$200	\$20
2	\$250	\$30
3	\$300	\$40
4	\$350	\$50

\*\*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

\_\_\_\_\_ 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.

\_\_\_\_\_ 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