

Christian Academy of Myrtle Beach Extended Day Registration Form



Student Name _____ Grade _____

Home Phone # _____ Email _____

Mothers Name _____ Cell # _____ ok to text? _____

Mothers Work # _____ Fathers work # _____

Fathers Name _____ Cell # _____ ok to text? _____

Emergency Contact _____ Phone # _____

Allergies: _____ Medications _____

Who else is allowed to pick up your child from After School Care?

1. _____ Phone # _____

2. _____ Phone # _____

Emergency Notification and Treatment

If emergency service involving medical action or treatment is required and neither parent nor guardian can be contacted, I hereby give authority to any doctor or hospital to render immediate aid as might be required at the time for my child's health and safety. It is understood by me that the expense of such service is provided is my responsibility, and I agree to accept the expense of such services.

Signature of Parent/Guardian _____ Date _____

Printed Name _____

Select Program

Select Davs

After Kindergarten Care	1:00 - 3:00	\$175/Month	<input type="checkbox"/>	M	<input type="checkbox"/>	Thu
Extended After Care	1:00 - 5:30	\$18 per day/\$210 monthly	<input type="checkbox"/>	Tue	<input type="checkbox"/>	Fri
After School Care	3:00- 5:30	\$175/Month	<input type="checkbox"/>	Wed	<input type="checkbox"/>	M-F

Drop in rate is \$15, please reserve by 12 noon
A \$20 per student registration fee is due each year with sign up.