Greenbrier Christian Academy
Extended Care Registration
2012-2013 School Year

Extended Care is available for students in Kindergarten through fifth grade who are enrolled in the Academy. Extended Care facilities will be open from 6:30 a.m. to 8:00 a.m. and from 3:05 p.m. (or 2:45 on Fridays) to 6:00 p.m. each day school is in session. If school is closed, Extended Care is also closed. The service charged is on a monthly basis (see cost below).

Student Information:

Name of child(ren)	Grade Level
_____	_____
_____	_____
_____	_____

Enrollment Information:

Program:

_____ Before Care only (6:30a.m.-8:00a.m.) $150 monthly

_____ Extended Care only (3:05p.m / 2:45 p.m.-6:00p.m.) $150 monthly

_____ Before and Ext Care (6:30a.m.-8:00 a.m. & 3:05 p.m.-6:00 p.m.) $250 monthly

_____ Drop-In Rate $15 per session (a.m. or p.m.) $25 on half days with a maximum charge of $150 monthly (Students will not attend on a daily basis)

After 6:00 p.m. there will be a $1.00 per minute charge.

I agree to the following terms and conditions:

- I understand that Extended Care is a division of Greenbrier Christian Academy and my child's / children's participation in this program falls under the same enrollment agreements.
- I agree to pay the applicable payments as listed above and in concordance with the school's payment policies.
- I will update contact information any time it changes. See next page (if your information is on file from the previous school year, you do not need to fill out the next page unless you would like for us to make changes to your contact information.) Please note that if you have given contact information to another office of the school, you must also give this information to the extended care office.

Parent Signature _____ Date _____

Family Information:
If your child was enrolled in extended care during the previous school year, you do not need to fill in the information below unless you would like us to make a change in the information we currently have on file for you. Please note that if you have given contact information changes to the academy, you must also give that information to extended care.

Parent/Guardian #1

Mr./Mrs./Ms. _____ Home phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Place of employment: _____ Position: _____

Work phone: _____ Cell phone: _____

Relation to student: _____

Parent/Guardian #2

Mr./Mrs./Ms. _____ Home phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Place of employment: _____ Position: _____

Work phone: _____ Cell phone: _____

Relation to student: _____

Emergency Contacts

Name: _____ Relation to child:_____

Phone: Home _____ Work_____ Cell _____

Name: _____ Relation to child:_____

Phone: Home _____ Work_____ Cell _____

Name: _____ Relation to child:_____

Phone: Home _____ Work_____ Cell _____

Name: _____ Relation to child:_____

Phone: Home _____ Work_____ Cell _____