FAITH FELLOWSHIP SCHOOL

Establishing the Kingdom of God with a New Generation

EXTENDED DAY CARE PROGRAM

REGISTRATION FORM FOR THE 2026-2027 SCHOOL YEAR

Student Name's	Age	Grade/current school year	Starting Date

Mailing Address: _____ City _____ State _____ Zip Code_____

Mother or Legal Guardian Information	Father or Legal Guardian Information
Last Name:	Last Name:
First Name:	First Name:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Employer:	Employer:
Email:	Email:

Has there been a Divorce or Separation? ☐Yes ☐No

If Yes, Who has primary custody? _____

The joint/non-custodial parent should be contacted in the event of emergency? ☐Yes ☐No (If "No", please provide court order)

EMERGENCY CONTACT INFORMATION	
Name:	Relationship to child:
Home Phone:	Cell/Work Phone:

AUTHORIZATION FOR PICK UP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name and phone number of any other person/s who you authorize to pick up your child on your behalf.

Name	Phone Numbers

MEDICAL INFORMATION

Has your child been diagnosed or treated for the following:

Asthma ☐ **Allergies** ☐ **Special Dietary Needs** ☐
Allergies to Insect Stings ☐ **Seizures** ☐ **Spectrum Disorder** ☐
ADD/ADHD ☐ **Other** ☐ **One on One Aide** ☐
(During the regular school day)

Please provide any details of the above checked boxes: _____
_____
Any additional information that may be useful to us: _____
_____
Please list current medications, prescribed or over the counter that your child is currently taking.
_____

By initialing below, you are giving permission for the Extended Day Care personnel to seek qualified medical attention in the event of an emergency if a parent/guardian cannot be contacted.
Initial _____ Date _____

By initialing below, I understand that my child(ren) will not be released to any person not listed on this form. I understand that it is my responsibility to notify each person listed that a picture ID is required to release my children from Extended Day Care.
Initial _____ Date _____

By initialing below, I understand that my child must be picked up by 5:30 pm. If no contact has been made with the parent/guardian or the emergency contacts by 5:30pm, the authorities will be notified.
Initial _____ Date _____

FEE CHART

Extended Care	Monthly	Weekly
Before Care: 7:00 am – 8:15 am	$40.00	$15.00
After Care: Dismissal – 5:30 pm	$90.00	$25.00
Before AND After	$120.00	$40.00

ENROLLMENT INFORMATION

Elected Plan (Check one)		
Before ☐	**After** ☐	**Both** ☐

- Application is required for extended care
- If not enrolled, hourly rate applies for daily pick-up
- Hourly rate: $8:00
- Late Pick-up fee: $1.00 a minute

Extended Care Begins on: _____

I agree to the terms of this agreement: _____ Date _____