



**Hanford Christian School**  
 11948 Flint Avenue, Hanford, CA 93230  
 TEL: (559) 584-9207 / FAX: (559) 584-2602  
 www.hanfordchristian.org

**Hanford Christian School Extended Care Contract**

I, \_\_\_\_\_, plan to use the HCS' Extended Care Program.

Name of child(ren) attending Extended Care:

_____	Grade _____	<input type="checkbox"/> 7:00-8:00 AM	<input type="checkbox"/> 2:45-6:00 PM
_____	Grade _____	<input type="checkbox"/> 7:00-8:00 AM	<input type="checkbox"/> 2:45-6:00 PM
_____	Grade _____	<input type="checkbox"/> 7:00-8:00 AM	<input type="checkbox"/> 2:45-6:00 PM
_____	Grade _____	<input type="checkbox"/> 7:00-8:00 AM	<input type="checkbox"/> 2:24-6:00 PM

**Circle days attending: Monday Tuesday Wednesday Thursday Friday**

**Drop Off Time \_\_\_\_\_ Pick Up Time \_\_\_\_\_**

HCS will be responsible for the supervision and discipline of my child(ren) during this time and notify me of any change in policy. The school will bill me at the rate of \$5.00 per hour. I understand that I will be charged \$6.00 for the first five minutes after 6:00 p.m. and \$2.00 each minute thereafter until my child(ren) are picked up.

The Extended Care Program is available the same days as the regular school calendar. Please note that Extended Care will not be available on non-school half and full days.

The Extended Care expenses will be included in each month's tuition statement.

\_\_\_\_\_  
 (Signature) (Date)

Persons authorized to pick up my children:

\_\_\_\_\_  
 (Name) (Phone)

\_\_\_\_\_  
 (Name) (Phone)

\_\_\_\_\_  
 (Name) (Name)

If you have any questions, please contact the HCS Office at 559-584-9207

## HCS Extended Care Emergency Contact and Medical Information

Child's Name	Date of Birth		M	F
		Sex		
Parent's/Guardian's Name	Parent's/Guardian's Name			
(     )	(     )	(     )	(     )	
Home Phone	Work Phone	Home Phone	Work Phone	
Address	Address			
City, ST ZIP Code	City, ST ZIP Code			

### Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact			
(     )	(     )	(     )	(     )	
Home Phone	Work Phone	Home Phone	Work Phone	
Address	Address			
City, ST ZIP Code	City, ST ZIP Code			

### Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
I give permission for my child to go on field trips. I release Hanford Christian School and staff from liability in case of accident during activities related to Hanford Christian School.	
Parent's/Guardian's Signature	Date
Witness Signature	Date