



# HANFORD CHRISTIAN SCHOOL

11948 FLINT AVE, HANFORD, CA 93230 (559)584-9207

## BEFORE & AFTER SCHOOL CARE REGISTRATION FORM FOR 2009/2010

PARENT/GUARDIAN NAME: \_\_\_\_\_

Child First and Last Name	Grade

<p align="center"><b>BEFORE SCHOOL CARE</b> <i>(circle day of the week and indicate time)</i></p> <p align="center">MONDAY    TUESDAY    WEDNESDAY THURSDAY    FRIDAY</p> <p>DROP OFF TIME: _____</p>	<p align="center"><b>AFTER SCHOOL CARE</b> <i>(circle day of the week and indicate time)</i></p> <p align="center">MONDAY    TUESDAY    WEDNESDAY THURSDAY    FRIDAY</p> <p>PICK UP TIME: _____</p>
<p><b>COST FOR BEFORE-SCHOOL CARE:</b></p> <p>\$3.00 per child for morning session (from 7:30 – 8:15 a.m.)</p> <p><i>*No drop-off without registration or prior notice.</i> <i>*Payment due on the 10<sup>th</sup> of each month</i></p> <p>Amount due: \$3.00 x _____ child(ren) = \$ _____</p>	<p><b>COST FOR AFTER-SCHOOL CARE:</b></p> <p>\$4.00 per child from 3:05 – 4:00 p.m. \$4.00 per child from 4:00 – 5:00 p.m.</p> <p><i>*No drop-off without registration or prior notice.</i> <i>*Payment due on the 10<sup>th</sup> of each month</i></p> <p>Amount due: \$4.00 x _____ hours x _____ child(ren) = \$ _____</p>
<p><b>AMOUNT ENCLOSED:</b> _____ <i>(please include \$10.00 registration fee)</i></p>	
<p><b>PARENT/GUARDIAN SIGNATURE:</b> _____ <b>DATE:</b> _____</p> <p><i>(please return form with payment by August 4, 2009)</i></p>	

Name & relationship of person authorized for pick-up:	Contact info:
Name & relationship of person authorized for pick-up:	Contact info:

*HCS use only*