



HANFORD CHRISTIAN SCHOOL

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

BEFORE & AFTER SCHOOL CARE REGISTRATION FORM FOR 2010/2011

PARENT/GUARDIAN NAME: _____

Child First and Last Name	Grade

<p align="center">BEFORE SCHOOL CARE <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">AFTER SCHOOL CARE <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>COST FOR BEFORE-SCHOOL CARE:</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. *Payment due on the 10th of each month</i></p> <p>Amount due: \$3.00 x _____ child(ren) = \$ _____</p>	<p>COST FOR AFTER-SCHOOL CARE:</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. *Payment due on the 10th of each month</i></p> <p>Amount due: \$4.00 x _____ hours x _____ child(ren) = \$ _____</p>
<p>AMOUNT ENCLOSED: _____ <i>(please include \$10.00 registration fee)</i></p>	
<p>PARENT/GUARDIAN SIGNATURE: _____ DATE: _____</p> <p><i>(please return form with payment by August 4, 2010)</i></p>	

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