

Nashville Christian School
EXTENDED CARE PROGRAM ENROLLMENT

Kathy Cutright, Director, 356-5600, ext. 189

Parent's Name (Please print) _____

Home phone _____ Cell _____ Work _____

Who will normally pick up your child? _____
(Please call if your child's pick-up plans change.)

Child's Name	Grade	Health concerns/ allergies
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency contact *(Name, relationship to child, and phone number)*

Please indicate your payment plan:

___ **Monthly fee - for students who will regularly attend 3-5 days per week** (\$200 per month due on the 10th of each month. This fee covers half days and long days. A late fee of \$5 per day will be collected for up to five days after the 10th. A child will lose his/her spot in the program if fees are not paid by the 15th of the month.)

___ **Pass plan - suggested for students with sporadic attendance** (Ten day passes can be purchased for \$120. These will cover normal after school hours and half-days. Full day passes can be purchased for \$30. Break passes may be purchased for \$150 per week. All passes must be paid in advance.)

PAYMENTS CAN BE MADE IN THE FRONT OFFICE OR PAID TO EXTENDED CARE DIRECTOR.

I agree to honor the conditions of the indicated payment plan above. I understand that my child will not be allowed to attend extended care if fees are not paid.

Parent signature / Date

For office use only

___ Staff discount

