

**Nashville Christian School  
Extended Care Program**

Please Print

Parent's name \_\_\_\_\_

Home phone \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Who will normally pick up your child? \_\_\_\_\_

(Please call if your child's pickup plans change.)

Child's Name	Grade	Health Concerns/Allergies

Emergency contact (Name, relationship to child, and phone number):  
\_\_\_\_\_

Please indicate your payment plan:

- \_\_\_\_\_ **Yearly fee** (\$1800 due by September 8. This fee covers half days and long days, including school breaks.)
- \_\_\_\_\_ **Monthly fee** (\$200 per month due on the 10th of each month. This fee covers half days and long days. A late fee of \$5/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).
- \_\_\_\_\_ **Pass Plan - suggested for students with sporadic attendance** (10-day, after school passes can be purchased for \$130. Half days will count as two days on the pass. Full-day passes can be purchased for \$40. Spring Break and Fall Break Passes may be purchased for \$175 per week. All passes must be paid in advance.)

**PAYMENTS CAN BE MADE IN THE FRONT OFFICE OR PAID TO THE 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. I have received summary of requirements for Extended Care.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
For office use only: SD \_\_\_\_\_

I have received the summary of child care rules. Parent Signature: \_\_\_\_\_

**Parent Permission for Medical Emergency Authorization**

I hereby grant permission for Nashville Christian School to take necessary steps to obtain emergency medical care for my child(ren).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of a serious medical emergency, Nashville Christian School has permission to call an ambulance to transport my child for emergency medical care.

Parent/Guardian Signature: \_\_\_\_\_

Phone: Primary \_\_\_\_\_ Secondary \_\_\_\_\_