



Brown County Christian Academy

After Hours Care (AHC)

Registration Form

(Please complete a Registration Form for each child)

After Hours Care(AHC) is a service provided to assist working parents who need to drop off early so they will have sufficient time to get to work. AHC is dependent upon the availability of adequate staffing.

Please return this completed form and Registration Fee to the school office by August 1.

AHC will be available each school day from 3:00 p.m. – 6:00 p.m.

Cost: \$25 Registration \$4.00/hour/child Drop-In Rate: \$6.00/hour/child

Child's Name: _____ Grade: _____

Father/Guardian's Name: _____ Mother's Name: _____

Phone Numbers: (home) _____ (Father's work) _____

(Father's cell) _____ (Mother's work) _____ (Mother's Cell) _____

Parents' Email addresses: _____

Emergency Contacts: _____

(other than parents) Name _____ Phone _____

_____ Name _____ Phone _____

Please circle only the days and list the hours your child will need AHC:

Days Needed:

Monday Tuesday Wednesday Thursday Friday Drop In Only

Hours needed: _____

Parent's Signature: _____

Parents will be billed monthly and payment is due by the 10th of each month. Payments received after the 10th will be accessed a \$25.00 late fee each month. Any student not picked up by 6 pm will result in a charge of \$5 for every 15 minutes late

Physician's Name _____ Phone _____

Insurance _____

In the event my child needs medical attention and the Brown County Christian Academy is unable to reach me, I authorize the person named as emergency contacts to speak and act on my behalf for my child's welfare. I have advised these persons of any special medical needs my child may require. I further release the staff of the Brown County Christian Academy from any liabilities in connection with the administering of first aid and other necessary medical attention required by my child. In the event of any emergency, when neither I nor my authorized contacts can be reached, the Brown County Christian Academy authorities are hereby authorized to use their best judgment in obtaining medical attention/treatment for my child.

●Does your child have a significant medical condition(s)? **Yes** **No**

If yes, please provide pertinent information:

●Does your child take any medications on a routine basis? **Yes** **No**

If so, please note medication, dosage, frequency and reason for the medication.

●Does your child have allergies? **Yes** **No**

(list)_____

If yes, please briefly describe their typical reaction and treatment, if treatment will need to be provided at school, parents will need to follow the medication policy outlined in the BCCA Parent-Student Handbook.

Parent's Signature _____ Date _____

Thank you for entrusting your child into our care! BCCA