



**Extended Care Registration Form  
2022-2023**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Father/Mother Cell Phone \_\_\_\_\_

Other Phone Number(s) \_\_\_\_\_

**Before Care Times & Fees:**

- Monday-Friday; 7:15 a.m. – 8:15 a.m. (Late Start Mondays 7:15 a.m. – 9:15 a.m.)
- \$7.00/day (Late Start Mondays \$10.00/day)

**Husky Pups Care Times & Fees:**

- MWF; 11:30 a.m. – 3:00 p.m.
- Rates available upon request

**After Care Times & Fees:**

- Monday-Friday; 3:00 p.m. – 5:00 p.m.
- \$3.00/half hour
- **\*\*LATE FEES\*\*** start at 5:00 p.m. \$15.00/15 minutes

**Please check programs that apply and indicate days of intended use:**

Before Care:

\_\_\_\_\_ Regular, ongoing use of Before Care      M      T      W      Th      F

\_\_\_\_\_ Drop-in days

Husky Pups Care:

\_\_\_\_\_ Regular, ongoing use of Husky Pups Care      M      W      F

\_\_\_\_\_ Drop-in days

After Care:

\_\_\_\_\_ Regular, ongoing use of After Care      M      T      W      Th      F

\_\_\_\_\_ Drop-in days

**Emergency Contact #1** (other than parents):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers \_\_\_\_\_

**Emergency Contact #2** (other than parents):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Individuals authorized to pick-up students (in addition to parents and emergency contacts):  
Only the individuals listed below will be allowed to pick up child(ren). Please include older siblings names who are authorized to pick-up your child(ren).

Name:

Phone Number:

\_\_\_\_\_

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**Allergies (food, environmental, medications, etc.):** \_\_\_\_\_

\_\_\_\_\_

**My child will need medication dispensed during extended care hours and I have a Dispensing Medication Approval form on file in the school office.** Please read the attached section of Parent Handbook for guidelines.

I hereby register my child in the Trinity Oaks Christian Academy Extended Care program(s). I agree to abide by the fees, guidelines, and parameters expressed by the school in the Extended Care Parent guidelines, and understand that Trinity Oaks Christian Academy has the sole right to amend or end the program at any time. I understand that amendments to my student(s) authorized pick-up list must be submitted to the school in writing.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date