

# The King's Christian School

## After School Program 2008-2009

The After School Program (ASP) is designed to care for The King's Christian School students from grades 1—12. The program provides age-appropriate activities, including snack and homework time, recess and games. The students are divided according to age. The ASP workers are all committed Christians who love children and strive to provide the best care possible for each child.

- Every student who uses ASP must return the bottom of this form to register for the ASP. Please mark the appropriate days.
- After School Program will be charged on an annual basis. Parents may select one of two schedules and simply indicate on the registration form which schedule is desired.

Schedule A will include ASP up to 4:30 pm. Yearly rates are:

One Day	Two Day	Three Day	Four Day	Five Day
\$252	\$504	\$756	\$1008	\$1260

Schedule B will include ASP up to 5:45 pm. Yearly rates are:

One Day	Two Day	Three Day	Four Day	Five Day
\$504	\$1008	\$1512	\$2016	\$2520

- Students should not wait in the hallways. All students not picked up will be taken to ASP. His/her account will be billed at the emergency rate of \$8.00 per hour for non-scheduled use.
- To accurately account for each child, each department has its own check-in area.
- All students must be checked out by a parent or any pre-approved person listed on the ASP registration form.
- If a child is not picked up by 4:30 p.m. on Schedule A and by 5:45 if on Schedule B, the late pick-up fee is \$1 per minute. For example, if a parent is five minutes late, the charge will be \$5.

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### After School Program Registration Form

**The King's Christian School**

Family Name \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade in Sept. 2008 \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade in Sept. 2008 \_\_\_\_\_  
Student Name \_\_\_\_\_ Grade in Sept. 2008 \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Work Telephone# \_\_\_\_\_  
Cell Phone # \_\_\_\_\_

Enrollment is subject to availability of space in the program.

Our child(ren) will attend the program Schedule A or Schedule B (Please circle desired schedule)

\_\_\_\_\_ Our child(ren) will attend the program 5 days a week.

\_\_\_\_\_ Our child(ren) will attend the following days of the week:

\_\_\_\_\_ Mondays, \_\_\_\_\_ Tuesdays, \_\_\_\_\_ Wednesdays, \_\_\_\_\_ Thursdays, \_\_\_\_\_ Fridays (Please circle applicable days)

We have read the information on the After School Program and acknowledge our financial responsibility. The payment options are the same as the school tuition payments.

### School Pick-up Authorization

The following people are authorized to pick my child up from the After School Program:

\_\_\_\_\_ The following people are not allowed to pick my child up from the After School Program. (If one of the persons listed is a parent, TKCS must have court action papers on file in the office.)

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

Date \_\_\_\_\_