

SONSHINE STATION REGISTRATION 2018-2019

To enroll your child in any of the following programs, please complete the requested information, sign, date, and return to First Christian School. Please check the program(s) you wish to enroll your child in.

Basic Information

Child's Name: _____ Age: _____
 DOB: _____
 School the child attends: _____ Grade: _____
 Parents/Guardian's Name: _____

 Address: _____
 Phone Numbers: Home _____
 Cell _____ Work _____
 Email Address: _____
 Employer Name: _____
 Employer Address: _____
 Employer Phone Number: _____
 Anyone authorized other than a parent to pick up your child:

 Anyone unauthorized to pick up your child:

 Allergies or other concerns:

_____ EARLY BIRD BEFORE SCHOOL PROGRAM

- Open from 6:45-8:05 A.M.
- \$15.00 weekly fee per child*
- \$8.00 one day fee per child

_____ AFTER SCHOOL PROGRAM

- Open from 3:00-5:30 P.M.
- \$30.00 weekly fee for First Christian School students
- \$60.00 weekly fee for LaCrosse students*
- \$50 weekly fee for Mecklenburg County Public Schools
- \$5.00 discount for 2nd and 3rd child
- \$12.00 one day daily fee per child
- \$35.00 full day fee

*A minimum of five students must participate in the before and after school program from LaCrosse Elementary in order for this service to be offered. All county/private school buses must provide transportation which must be arranged by the parent/guardian of the child.

I would like my child to have their homework done at SonShine Station with assistance from the staff.

_____ Yes _____ No

Contract and Payment

- _____ I would like to pay weekly on the first day of the week.
- _____ I would like to pay monthly.
- _____ I would like to make other arrangements with the Director.

Fees are due by the **first day of the school week**. A late fee of \$5.00 per week will be added if payment is **not received by Wednesday** of that week. By signing this agreement I am reserving a place for my child at SonShine Station for the school year of 2018 - 2019 and agreeing to be financially responsible for all payments. I understand that no credit will be given for days my child is absent unless there is an emergency situation. My child will no longer be allowed to attend if my balance due exceeds fifteen days. I agree to include the \$20.00 registration fee per child with my registration form.

Parent/Guardian Signature

Date

I have made bus arrangements.
 I have included the \$20.00 registration fee per child (\$40.00 after 10/1).
 I have a current photo release form and emergency authorization form at SonShine Station.
 I need a photo release form and emergency authorization form for the current year (Summer Camp students do not need new forms).

FOR OFFICE USE ONLY

Registration Paid C# _____ Cash _____ Online _____
 Confirmed Forms _____
 Confirmed Bus Arrangements _____
 Invoiced Account _____
 Confirmed Homework List _____
 Instant Alert _____

Initials of person receiving: _____ Date: _____

Director's Signature: _____

Date