

# Friendship Christian Academy Before School Care



Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Time your child will be dropped off at BSC: \_\_\_\_\_ A.M.

Number of Children In Family Enrolled In B. S. C. \_\_\_\_\_

## Child's Health History:

List any health problems the director needs to be aware of:

1. \_\_\_\_\_  
\_\_\_\_\_

List any medications the child is now taking:

2. \_\_\_\_\_  
\_\_\_\_\_

List all allergies, if any, to medications your child may have:

3. \_\_\_\_\_  
\_\_\_\_\_

List authorized people and numbers to contact in an Emergency:

1. \_\_\_\_\_  
Name Number

2. \_\_\_\_\_  
Name Number

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- If you sign your child up for Before School Care, there will be a standard charge per family, per child. (example: family with one child in BSC- weekly rate amount \$30.00 weekly) This fee is required if your child is in BSC for 1 session or all week, or if child is absent from school, standard \$30 fee must be paid. You are responsible for the service the entire school year. If you remove your child from these services readmittance is not permitted during the same school year. Before School Care starts at 7:00 a.m. If nonpayment of services becomes a problem, parent will be contacted. If persist, family will be dismissed from BSC until fees are brought current.
- Parents must sign child in at drop off time each morning.
- All payments should be made to FCA each Friday morning. Parents are to write **“BSC PAYMENTS” on the outside of an envelope and send with child. Child will hand it to his/her teacher and she will turn it into the office where a receipt will be issued.**

- One Child \$30.00
- Two Children \$40.00
- Three Children \$50.00
- Extra Early Care will be \$10 per every extra 30 minutes i.e., (arrival at 6 am = \$60 per week)

## AGREEMENT FORM

I \_\_\_\_\_ the parent(s) of  
Parent(s) Name

\_\_\_\_\_ Have read this form  
Student(s) Name

And I (we) understand our obligations to the Before School care we have enrolled our child(ren) in. I (we) agree to be responsible for all fees charged and will cooperate with the guidelines and request of FCA and the Before Care Program.

\_\_\_\_\_  
Signature Date \_\_\_\_\_