

Emmanuel Christian School - **Before School Care** Registration 2020-21

Please circle the days of the week your child will use before school care: M T W TH F

Name: _____ Birthdate: ____/____/____
(First) (Last) Mo. Day Year

Male ___ or Female ___ Name to be written and called: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Primary Ph:() _____

Mother's Name: _____ Cell Ph:() _____

Father's Name: _____ Cell Ph:() _____

In case of emergency, parents will be contacted first. Please identify two (2) alternates to be contacted in case the parents cannot be reached.

Emergency Alternate: _____ **Ph#:** _____

Emergency Alternate: _____ **Ph#:** _____

Commitment/Supply Fee: \$ 25.00 (per child) - These fees are all nonrefundable, and must be paid by cash or check to EUMC. Before School Care will be 8am -9am with a cost of \$10 per day. The before school care will be a walk in, drop off service at door #6.

X _____
(Signature of Parent/Guardian)

Office Use: Ck#: _____ Ck Date: _____ Ck Amt: _____ Cash: _____