

Before and After Care Registration

Smyrna Christian School
302.653.2538

Student's Name _____ Grade _____

Parents' Names _____

Address _____ Home Phone _____

_____ Work Phone _____

_____ Cell Phone _____

I request that my child(ren) be enrolled in Smyrna Christian School's:

_____ Before School Care*

_____ After School Care*

* I understand that I will be charged every time my child is in Before or After Care.

* I will receive a monthly invoice of monies owed. Payments for Extended Care are due by the fifth of the next month. If I prefer, I may pay on a weekly basis.

* I understand that since this program is an optional service provided by the school, delinquent accounts of over 30 days disqualify my enrollment in the program until the account is made current.

* Students arriving before 8:15 AM or being picked up after 3:30 PM must be enrolled in the Extended Care program.

Parent's signature _____ Date _____

Smyrna Christian School
PO Box 159
Smyrna DE 19977

www.smyrnachristianschool.com