

**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