



Pearl Harbor Christian Academy

94-1044 WAIPIO UKA STREET, WAIPAHU, HAWAII 96797 (808) 678-3997

BEFORE/AFTER CARE REGISTRATION/AGREEMENT FORM: SY 2018-2019

Please complete one form per child

Students in 7th & 8th grade must have approval before allowed to enroll in Before/After Care.

Student Name: _____ Grade: _____

Father/Guardian _____ Phone Number during Before/After Care hours _____

Mother/Guardian _____ Phone Number during Before/After Care hours _____

Please answer the following questions:

- Student is being registered for: *(circle one)* **Before Care After Care Both**
- Student will attend*: *(circle one)* **Full Year Commitment Day-to-Day (Regular OR As Needed)**
*Full Year Commitment will have a spot reserved. "Day-to-Day" services must be approved in advance and is based upon space availability. All Before and After Care fees will be deducted and paid through FACTS .
- If Day-to-Day, please circle possible days: **MON TUE WED THU FRI**
Please indicate frequency: *(circle one)* **REGULAR AS NEEDED**
- Approximate time student will be picked up from After Care? (You are not locked into this time)
(circle one) **3:00PM 3:30PM 4:00PM 4:30PM (4:30 pm for Preschool) 5:00PM 5:30PM**
- Would you like your child to complete ALL homework before allowing free time?
**Otherwise, there is a set homework, reading, and/or quiet table activity time in the After Care schedule:
K-2nd = 30 minutes, 3rd & up = 45 minutes**
- Please list any allergies and/or medications your child will need to take while in Before/After Care on the back of this form.

I/We understand that:

- The PHCA Code of Conduct and Dress Code still apply while in Before or After Care.
- Students who are enrolled in after care ***MUST*** check in first before participating in any other after school activity unless parents inform the office in writing that student will not be attending for the day. There are no adjustments for days missed.
- If your child is scheduled for After Care, you must inform the office if they will be picked up at regular dismissal and not attending that day.
- Before Care starts at 6:45 a.m. and After Care ends at 4:30 p.m. for Preschool and 5:30 p.m. for K-8th Grade.
- The school office must be informed of and approve in advance any Day-to-Day "Regular" or "As needed" services.
- Late pick-up fee is \$5.00 for up to the first five minutes and \$1.00 for each additional minute thereafter.
- Fees are managed through FACTS. PHCA charges a \$20.00 fee for payments rejected through FACTS on top of any fees FACTS may charge..
- Full Year Commitment:** Fees are paid on a monthly basis through FACTS with debits starting on July 28th and ending on April 28th.
- Cancellations of Full Year:** The office must be notified in ***WRITING*** at least 30 days in advance of student's last day of attendance or 30 days will be added to the date the school was notified in writing to determine last day. There is a \$75.00 cancellation fee & student will owe the difference between [daily rate times the # of school days through determined last day] less [amount already paid].
- Day-to-Day "Regular" or "As Needed" Fees** are debited through FACTS on a weekly or bi-monthly bases as services are rendered.

Father/Guardian Print Name

Mother/Guardian Print Name

Father/Guardian Signature

Mother/Guardian Signature

Date

Date

Please complete reverse side

AUTHORIZED EMERGENCY CONTACTS:

List additional authorized person(s) besides parents/guardians that will pick-up student. Please make sure individuals bring appropriate ID as our After Care Program Leaders will have to verify identification before your child will be released.

Name _____	Relationship _____	Ph# _____
Name _____	Relationship _____	Ph# _____
Name _____	Relationship _____	Ph# _____
Name _____	Relationship _____	Ph# _____

I/We understand that the persons listed above are authorized to sign-out our child on our behalf anytime during After Care and/or in the event of illness/emergency and parents can not be contacted. We will make sure the persons listed above are informed to bring proper ID so their identity can be verified before the After Care Program Leaders will release our child.

All authorized persons must be 18 years of age or older to sign-out students.

Father/Guardian Signature

Mother/Guardian Signature

Date

Date

ALLERGIES/MEDICATIONS:

List any allergies and/or medications your child needs to take while in Before/After Care. An authorization to administer medication must be on file if medication will be administered (please initial below if there are no allergies or medications):

_____ My child does not have any known allergies .
(parent's initial)

_____ My child does not need to take any medications during Before or After Care .
(parent's initial)