

# Calvary Chapel Christian School Extended Day Care Registration 2018-2019

ONE FORM PER CHILD

Parent/Guardian's Name \_\_\_\_\_ Child's Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Grade Entering \_\_\_\_\_

Telephone Number where parent or guardian may be reached during Extended Day Care (EDC) hours.

Mother Phone # \_\_\_\_\_ Father Phone # \_\_\_\_\_

Please list at least 3 family members or individuals who may be contacted in the event of an emergency:

Name/Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

## **Extended Day Care Fees:**

### **Extended Day Care Hours:**

**Morning: 6:30 a.m. to 7:30 a.m.**

**Afternoon: 3:00 p.m. to 6:00 p.m.**

Daycare fees are **\$6.00 per hour**, billed to the nearest half hour. Extended Day Care fees are billed monthly.

Secondary students (7<sup>th</sup>-12<sup>th</sup>): must sign into EDC if arriving to school before 7:30 a.m. or remaining on campus after 3:00 p.m. Secondary Students must report to Courtyard and sign in. Parents must sign out their child.

**Failure to sign in/out will result in a service fee charge of \$10 (per child).**

**Late fee charges:** EDC ends promptly at 6:00 p.m. Charges are as follows:

6:00p.m.-6:30p.m.-\$25.00

6:31p.m- \$50.00

## **Authorization to Consent to Treatment**

I/we, the parents/guardians of the child named above, do hereby authorize Calvary Chapel Christian School as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care by which is deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given in advance to provide authority and power in the part of the aforesaid agents, This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Name and Phone Number of Family Doctor \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Family Medical or Policy Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_