

**Shalom Christian Academy  
Extended Care Program**

**Cost is \$4.25 per hour/child**

<u>Student Name(s)</u>	<u>Grade</u>
1. _____	_____
2. _____	_____
3. _____	_____

**Primary Person to Pick Up or Drop Off Student(s)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

**Emergency Numbers**

In the event we are unable to contact the Primary Pick Up/Drop Off person, please list the name & phone numbers of others who we may contact:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_

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**Indicate Times Needed**

**Morning Care (Begins at 7:00am)**

- Monday, Arrival time \_\_\_\_\_ to 8:15am
- Tuesday, Arrival time \_\_\_\_\_ to 8:15am
- Wednesday, Arrival time \_\_\_\_\_ to 8:15am
- Thursday, Arrival time \_\_\_\_\_ to 8:15am
- Friday, Arrival time \_\_\_\_\_ to 8:15am

**Afternoon Care (Ends at 5:30pm)**

- Monday, 3:15pm to \_\_\_\_\_
- Tuesday, 3:15pm to \_\_\_\_\_
- Wednesday, 3:15pm to \_\_\_\_\_
- Thursday, 3:15pm to \_\_\_\_\_
- Friday, 3:15pm to \_\_\_\_\_

**Date Care will begin** \_\_\_\_\_

**Comments/Notes**

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