



Beyond the Bell - Before and After School Program

Before school hours - 6:00 am to the opening of our playground gates.

After school hours - 3:00 pm to 6:00 pm.

Dues - Pay only for days needed. Before School: \$5.00 per day. After School: \$10.00 per day.

\$20.00 per day on half days. 10% discount for siblings.

Activities - Homework help, recreation, sports, science, technology, art, music and more.

Snacks - Healthy snacks will be provided for both before and after school sessions.

Before School

Monday	Tuesday	Wednesday	Thursday	Friday

After School

Monday	Tuesday	Wednesday	Thursday	Friday

Child #1 Name _____ Grade _____

Child #2 Name _____ Grade _____

Child #3 Name _____ Grade _____

Beyond the Bell Code of Conduct

All school rules apply during after-school time. Disciplinary issues will be handled using the BFCS Assertive Discipline Policy. Any behavior that falls into the "severe category" or "level 5" may be cause for a student to be dismissed from the after-school program. Refunds will not be given to any student dismissed from the program due to behavior. Please see the BFCS Parent Handbook for details about the Assertive Discipline program.

I understand the after-school activity code of conduct and have reviewed the expectations with my child.

Parent Name Printed

Parent Signature

Date

Checks and cards are accepted. Write checks payable to BFCS.

Turn this registration form and payment to the front office.

No refunds are given, and no partial requests will be considered.

Students will not be given entry until there is an order form and payment received.

For Office Use Only: Credit _____ **Check#** _____ **Date Received** _____



IF SOMEONE OTHER THAN THE PARENT/GUARDIAN WILL BE PICKING UP YOUR CHILD(REN), PLEASE LIST THEIR NAMES AND RELATIONSHIPS BELOW. WITHOUT THIS INFORMATION WE WILL NOT BE ABLE TO RELEASE YOUR CHILD.

NAME _____ RELATIONSHIP _____
PHONE _____

NAME _____ RELATIONSHIP _____
PHONE _____

Your signature below indicates you have agreed to the After School Program regulations and procedures.

PARENT/GUARDIAN SIGNATURE _____
DATE _____

ADDRESS _____

EMAIL _____

PHONE NUMBER
(Cell) _____ (Work) _____ (Home) _____

EMERGENCY CARD

Mother

NAME (FIRST/LAST) _____

HOME ADDRESS _____

CELL PHONE # _____

PLACE OF EMPLOYMENT _____

WORK PHONE# _____

Father

NAME (FIRST/LAST) _____

HOME ADDRESS _____

CELL PHONE # _____

PLACE OF EMPLOYMENT _____

WORK HONE # _____



HEALTH PROBLEMS OR ALLERGIES

Please list any health issues and all allergies _____

In the event emergency treatment is needed, I authorize the After School Program staff to transport my child _____ to _____ hospital for necessary treatment.

Signature of Parent/Guardian Date

Child's Physician Telephone #

List three friends or relatives who will assume temporary care of your child if you cannot be reached. Do Not list anyone who works and cannot be reached.

NAME _____ PHONE # _____

NAME _____ PHONE # _____

NAME _____ PHONE # _____