



2024-2025

# AFTER SCHOOL REGISTRATION

Please complete one form per child and return to the HGCS Finance office, Attn: Amanda Wright  
7200 E. WT Harris Blvd., Charlotte, NC 28215

**PLEASE SELECT YOUR CHOICE OF SERVICE BELOW:**

Grades TK-5th grade  After School Childcare - \$2,400 yearly

Grades 6-12

After School Study Hall

1 day per week - \$300 yearly

4 days - \$900 yearly

2 days per week - \$500 yearly

5 days per week - \$1,100 yearly

3 days per week - \$700 yearly

Student's Name \_\_\_\_\_ Grade in 2024-2025 \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Allergies \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_

Neosporin® or Benadryl® may be used for cuts/scrapes on my child.  YES  NO

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Persons other than the parents who are allowed to pick up this child from after school:

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_

## AFTER SCHOOL PARENTAL AGREEMENT

1. After School will be provided for TK-5th grades and will be held at Harris Campus. School teachers will escort students to the After School classrooms to check them in to the program.
2. Study Hall is provided for students in grades 6th-12th at Harris Campus. Payment for services will be paid using FACTS with all other school related charges.
3. A late fee of \$1.00 per minute (after 5:30 PM) will be added to your account whenever you are late picking up your child from After School.
4. My child has permission to attend any field trips that may be planned during After School. I understand that my child may be photographed while participating in After School activities.
5. The church or school will not be held liable for any accidents or injuries during Before/After School or Study Hall activities.
6. In case of injury, I give permission for my child to be treated by a doctor should I not be able to be contacted immediately.

---

Signature of Parent or Legal Guardian

---

Date

Belinda Colter  
After School Director  
704-750-5930  
belindacolter@hgchristian.org

Amanda Wright  
HGCS Finance Department  
704-566-7518  
amandawright@hgchristian.org