

Names of People Who Are Authorized to Pick-Up Student

If someone other than those listed below will be picking up your child you will need to notify the Director or the school by phone or in writing.

Name Home # Work# Cell# Pager#

Name Home # Work# Cell# Pager#

Name Home # Work# Cell# Pager#

Do you have insurance? Yes ___ No ___ If yes, Please include a copy of your insurance card

List All the Student's Medical Problems and Allergies

List your Child's Hobbies _____

Official Use Only

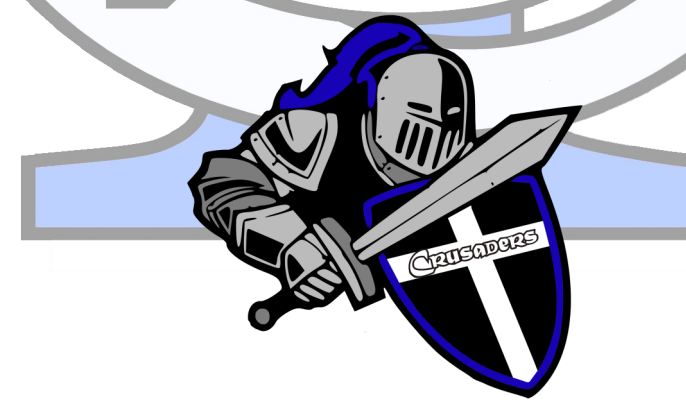
Summer Registration Paid _____ Date _____

After School Program Registration Paid _____ Date _____

Comments _____

TCS Kids' Club

Summer & After School Program



**Summer 2019
2019-20 School Year
Information and Registration Form**

What it Is and Who is Eligible

Trinity Christian School offers its own after school program to provide child care for students of families with this need. An afternoon snack is provided, and participants enjoy organized play time after class. Students also enjoy activities including field trips and community service projects. The program offers supervised homework and study time.

Students registered for the 2019-20 school year in Kindergarten and Elementary grades are eligible.



Where We Meet

Kids' Club is held on the Trinity Campus and meets in conjunction with the Trinity Christian School calendar. If school is in session for a regular day or partial schedule, the Kids' Club program will be available to its participants.



What it Costs

An Annual Registration Fee of \$30 is required for each student.

Summer Rate:

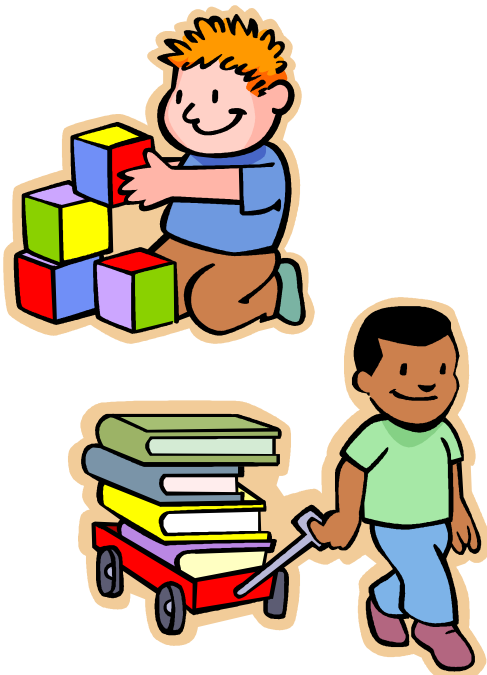
- Weekly Rate: \$95.00
- Daily Rate: \$20.00
- Drop Ins: \$5.00 per hour

School Year Rate:

- Weekly Rate: \$65.00
- Daily Rate: \$14.00
- Drop Ins: \$5.00 per hour

How to Register

Simply complete the attached Registration Form. Detach from the information and return to the school with your Registration Fee. Space is limited and is filled on a first come, first serve basis. We look forward to working with you and your child in Kids' Club. If you should have any questions, please contact Kathy Brack at 478-279-3976.



TRINITY CHRISTIAN SCHOOL

Summer and After School Programs

Registration Form

Program you are registering for: Summer ___ After School ___ Both ___

Student's Name _____ / _____
 Last First Middle Goes by

Address _____ City/State _____ Zip _____

Age _____ Date of Birth ____/____/____ Current Grade _____ Gender _____

Today's Date _____ Current Teacher _____

Student lives with: Parents ___ Father only ___ Mother only ___ Other _____

Does the applicant have any physical or learning disabilities? Yes ___ No ___ If yes, explain.

Student's Physician _____
 Name Phone

Father's Name _____ e-mail _____

Address _____ City/State _____ Zip _____

Telephone _____ Cell / Mobile Number _____

Employer _____ Work Number _____

Mother's Name _____ e-mail _____

Address _____ City/State _____ Zip _____

Telephone _____ Cell / Mobile Number _____

Employer _____ Work Number _____

Emergency Contact Name Home Phone # Work# Cell#

Please detach and return.