

**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**

After School Program Registration Paid \_\_\_\_\_ Date \_\_\_\_\_

Comments



**INFORMATION AND  
REGISTRATION FORM  
2025-26 SCHOOL YEAR**

# 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 2025-26 school year in grades K4 through 5th 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.

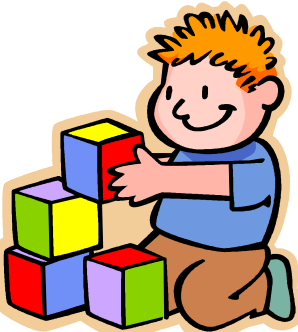
**School Year Rate:**

Weekly Rate: \$100.00  
Daily Rate: \$30.00  
Drop Ins: \$10.00 per hour

Summer 2026 information will be provided at a later date.

# 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 Mrs. Nancy Harrison at 478.595.8136.



# TRINITY CHRISTIAN SCHOOL

After School Program  
Registration Form

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.