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 card	insurance? Yes	No If yes,	Please include a	a copy of your insurance
List All the S	tudent's Medical P	roblems and Allerg	ies	
List your Chi	ild's Hobbies			
		Official Use	Only	
Summer Reg	istration Paid	Date		
After School	Program Registrat	ion Paid	Date	
Comments _				



Summer 2023
2023-24 School Year
Information and Registration

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 2023-24 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: \$110.00 Daily Rate: \$35.00

Drop Ins: \$8.00 per hour

School Year Rate: Weekly Rate: \$80.00 Daily Rate: \$20.00

Drop Ins: \$8.00 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 Mrs. Nancy Harrison @ 478.595.8136.



TRINITY CHRISTIAN SCHOOL



Please detach and return

Program vou are registering for: Summer

Summer and After School Programs Registration Form

After School

Both

Student's Name			/		
Last	First	Middle	Goes by		
Address	City/S	tate	Zip		
Age Date of Birth	/ Curr	rent Grade G	ender		
Today's Date	Curi	rent Teacher			
Student lives with: Parents	Father only Mo	other only Other	•		
Does the applicant have any phy	sical or learning disabil	lities? Yes No_	If yes, explain		
Co. 1 (2) Ph					
Student's Physician	Name		Phone		
Father's Name	e-mail				
Address	City/S	tate	Zip		
Telephone	Cell / Mo	Cell / Mobile Number			
Employer	Work N	Work Number			
Mother's Name	e-mail _	e-mail			
Address	City/S	tate	Zip		
Telephone	Cell / Mo				
Employer	Work N	Work Number			
Emergency Contact Name	Home Phone #	Work#	Cell#		