Trinity MINISTRIES
CHURCH • SCHOOL • PRESCHOOL

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Morning and Afternoon Extended Care 2019/2020

Student's Name:_____ _____ _____Grade _____
Last First Middle

Mother/Guardian:_____

Cell phone _____Work phone _____

Father/Guardian: _____

Cell phone _____Work phone _____

Names of Person(s) Authorized to Take Child from Extended Care

List all authorized persons, including names of legal parent(s)/guardian(s). Student will not be allowed to leave with any other person not included on this form without written authorization from custodial parent(s)/guardian(s).

Name	Phone Number	Relationship

Custody restrictions, if applicable:

_____

(Legal documentation must accompany request and be kept updated at all times)

_____ _____

Signature of parent/guardian completing this form Date

Payment Information/Options

Extended Care is provided in the morning from 7:00am to 7:50am and in the afternoon from 3:00pm to 6:00pm. All students who arrive prior to 7:45am or are not picked up by 3:00pm will be taken to extended care. Extended Care is billed at the end of each month. Payment is expected no later than 30 days after receipt. Failure to pay Extended Care on time will result in a $25.00 late fee along with disruption in service until the account is current. Alternate arrangements for picking up the student will be the responsibility of the parent. Please choose a payment option by checking the boxes below.

Before School ☐ $60/mo or ☐ $4.75/hr **After School** ☐ $200/mo or ☐ $4.75/hr **Both** ☐ $250/mo

Illness/Emergency Information

Physician or Dentist to be called in an emergency

Physician/Dentist	Telephone #	Medical Plan	Medical Plan #

Medical Information

List any chronic illnesses/medical conditions (asthma, diabetes, seizures, etc.) and allergies

Chronic Illness/Allergy	*Medication Required	Procedures to follow

***If medication is required, a medication authorization release form must be on file in the school office. Please request this at the time medication is brought in to the office. Do not send any type of medication with your student to keep in their possession.**

Other Important Medical Information