



PROVIDENCE ACADEMY

Middle School After-School Program

Monday- Friday, 3:15-6:00 p.m.

I would like to enroll my child(ren) in the Middle School extended day program for the academic school year 2018-19. Programming available to students includes.

- The homework room, open after school until 4:30 p.m. each school day
- The activity room, open after school until 4:30 p.m. each school day
- Supervision in the cloister from 4:30 to 6:00 p.m. each day

Child's Name: _____ **Grade:** _____

The fee for the program is \$5 per day of use, or \$750 to cover the cost of one child for the entire school year. The fee is charged for students who stay after 3:45 p.m. Please choose your payment option

_____ Bill me monthly
(charged to student accounts)

_____ I will pay \$750 to cover the cost of the entire school year.
(please include a check payable to Providence Academy)

_____ I understand that the MS Extended Day program will not operate during scheduled vacations, holidays, or snow days. I give permission for my child to be released to any PA extracurricular activities, as scheduled.

_____ **I acknowledge my responsibility to pick my child up no later than 6:00 p.m. Students are not allowed to be on school grounds unsupervised at any time. The program ends promptly at 6:00 p.m. A fee of \$1 per minute will be enforced for any student remaining after 6:00 p.m.**

Signature

Date

Please return your completed registration and emergency contact form
ATTN: Program Coordinator by September 1, 2018.

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EMERGENCY CONTACT INFORMATION

Child's Name _____

Home Phone Number of Child(ren) _____

Name of Parent/Guardian _____

Work Phone _____

Cell Phone _____

Home Phone (if different than child's) _____

Email Address _____

Name of Parent/Guardian _____

Work Phone _____

Cell Phone _____

Home Phone (if different than child's) _____

Email Address _____

Please list special concerns regarding your child(ren) (i.e. allergies, asthma, etc...):

People authorized to pick up your child:

Name and Relationship _____

Phone # _____

Name and Relationship _____

Phone # _____