



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 2019-2020. Programming available to students includes.

- The homework room, open from after school until 4:30 each school day
- The activity room, open from after school until 6:00 each school day

Child's Name: _____ Grade: _____

The fees for the program this year are as follows:

- The program is free for the first 30 minutes
- \$3 per day for students using the program between 30-60 minutes
- \$6 per day for students using the program for more than an hour.

As an option, you may also choose to pay a one-time fee of \$650 to cover the cost of one child for the entire school year, which is less than \$4 per day. Please choose your payment option

_____ Bill me monthly
(charged to student accounts)

_____ I will pay \$650 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 6:00pm. A fee of \$1 per minute will be enforced for any student remaining after 6:00pm.

Signature

Date

Please return your completed registration and emergency contact form and return it to the main office.



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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 # _____