



SANTIAM CHRISTIAN ELEMENTARY SCHOOL
AFTER SCHOOL KIDS' CLUB
2015/2016

Student's Name _____ Grade _____

Indicate the days/hours your child will attend After School Club. **If you register as "Drop-In" please call the Elementary Office by 2 p.m. to let us know that your child will be attending that day.** Your monthly statement will reflect the hourly charge.

Days per week:

Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Drop-In ☐

Hours:

until 4 p.m. ☐ until 5 p.m. ☐ until 6 p.m. ☐

Is there anything pertinent to your child's care that we should know? _____

Family Physician's Name: _____ Phone: _____

Family Dentist's Name: _____ Phone: _____

***Students will only be released to individuals listed on the student's release form.
Please keep all medical and release forms up to date in the Elementary Office.***

Parent's Name _____
(Please print)

Parent's Signature _____

Please list phone numbers where you can be reached daily from 3 p.m. – 6 p.m.

Home Phone _____ Cell _____ Business _____