



2017-2018
Before & After School Care
Parkridge Christian Academy
5600 Coral Ridge Drive
Coral Springs, FL 33076
Phone: (954)346-0236
Fax: (954)346-0013

Please check the options that you want.
[] Precare 7:30AM-8:00AM
[] Afterschool 2:30PM-6:00PM
[] Middle School Afterschool 3:30 PM- 6:00PM

Child's Name: Last First Starting Date:

Teacher: Grade: K 1 2 3 4 5 MS

Sex: Race: Age: DOB: Hair Color: Height:

Weight: Eye Color: Allergies:

Child Lives with: Both Parents [] Mother [] Father [] Other []

Mother's Name: Home Phone: Cell

Work Phone : Email Address:

Address Mother: City

Father's Name: Home Phone: Cell

Work Phone : Email Address:

Address Father's if different:

TRANSPORTATION INFORMATION

Table with 5 columns: School Attending, School's Address, School's Phone#, School's Administrator Contact Name, Student's Teacher Name.

Initial beside each statement acknowledging you have read the following information:

- I understand that my child will be expected to behave in accordance with the Code of Student Conduct for Parkridge Christian Academy.
I understand that payment for the Parkridge Christian Academy Before & After School Care Program will be made by the 10th of each month for each child receiving care. Failure to pay on time will result in a late fee and/or dismissal from the program.
I understand that it necessary to pick up my child(ren) on time. Failure to do so will result in a late pick-up fee (\$10.00 for every 5 minute interval) and possible dismissal from the program.
I understand that it is my responsibility to keep my own records and receipts for income tax purposes.
I have received the Parkridge Christian Academy Discipline & Conduct Agreement Form and agree to read it and follow the program rules.

Emergency Contacts (3 names not including the names listed above)

Name: _____ Phone 1: _____ Cell: _____

Name: _____ Phone 1: _____ Cell: _____

Name: _____ Phone 1: _____ Cell: _____

Family Doctor: _____ Phone: _____

Please list below any important medical concerns we should be aware of such as allergies, conditions, medications, health history, etc.

Additional people authorized to pick up:

Name	Relationship	Phone	Cell

Special Needs Students/Recommendations for Formal Evaluations: Parkridge’s aftercare program is not specifically designed to accommodate special needs students and failure to disclose students’ special needs (behavioral, physical, emotional, or developmental) can result in immediate dismissal with no refund for prepaid services. Even failure to disclose dismissal from previously attended aftercare facilities due to any of the above mentioned reasons may also result in immediate dismissal with no refund for prepaid services.

Any student recommended for formal evaluation and/or a student who has already been evaluated and meets the criteria of a special needs student, will be evaluated periodically to determine if the facility and the environment continually meets the needs of the student. If a parent chooses not to have his/her child evaluated based on the staff’s recommendation, may be dismissed from Parkridge’s aftercare program with no refund for prepaid services.

Print Name: _____

Parent/Guardian Signature: _____

Date: _____