

# Town East Christian School

## Extended Day School Application

Students actively enrolled in Town East Christian School qualify for the Extended Day School program, and may remain at school until 5:30PM [ten (10) or more students must be enrolled in order to keep the Extended Day School program activated]. The cost for the Extended Day School is an additional \$120.00 per month per student, \$40.00 per week [if on a weekly basis] per student, or \$15.00 per day [if on a daily basis] per student. Students are required to do homework each day (among other school related activities). Extended Day School is a privilege that absolutely *must not* be abused. Students *must be* picked up each day by 5:30 PM or a \$40.00 late fee per child will be charged [continued abuse may result in losing this privilege].

Student's Name		Home Phone		Date
Address		City	State	Zip
Age	Grade	Medical Concerns		
Father's Name		Cell Phone	Work Phone	
Mother's Name		Cell Phone	Work Phone	
Emergency Contact		Name	Phone	
Child's Physician		Name	Phone	

Names of other children in family enrolling:

Name	Grade	Age	Name	Grade	Age

*"I absolve the school from liability to me or my child because of injury to my child during properly supervised Extended Day School activities.*

*"I understand I am responsible for all medical bills.*

*"I appreciate the standards of the school and will not tolerate profanity, obscenity in word or action, dishonor to our Lord Jesus Christ or to the Word of God, or disrespect to the school staff. I hereby agree to support regulations published in the school handbook and authorize the school to employ discipline as outlined in the Student Handbook.*

*"I understand that the Extended Day School reserves the right, after a parental conference, to dismiss any child who fails to comply with established regulations and discipline or whose parents do not assume their responsibilities to the school.*

*"I understand that all children **must** be picked up no later than **5:30 P.M** each day.*

*"I hereby give permission for emergency medical treatment by a qualified licensed physician in my absence. I understand that in case of emergency I will be contacted ASAP.*

*"I understand that the E.D.S. is available only on regular school days, not school holidays, the last day before Thanksgiving break, the last day before Christmas break, or the last day of school in May.*

\_\_\_\_\_  
*Signature of Father*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Mother*

\_\_\_\_\_  
*Date*