

FAIRTON CHRISTIAN CENTER ACADEMY
 199 Fairton-Millville Rd, Fairton, NJ 08320 856-455-0408

**AFTER SCHOOL
 Program Request**

Child's Full Legal Name _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Child's Birthday _____

Allergies _____

Food Restrictions: _____

Father's Name _____ Cell Phone _____

Work Phone _____

Mother's Name _____ Cell Phone _____

Work Phone _____

Emergency Contact Person(s)

_____ Phone _____

_____ Phone _____

In addition to Emergency Contacts, my child may be released to the following. (We will require them to show a form of identification.):

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check program requested:

My Child will **ONLY** be part of the **AFTER SCHOOL PROGRAM** on the following afternoons:

Monday	Tuesday	Wednesday	Thursday	Friday
2:30-3:30 = \$5	2:30-3:30 = \$5	12:30-2:30 = \$10	2:30-3:30 = \$5	2:30-3:30 = \$5
After 3:30 = \$10	After 3:30 = \$10	After 2:30 = \$20	After 3:30 = \$10	After 3:30 = \$10

***There will be a \$5 charge for late pick-ups (after 5pm)**

Parent Signature _____ Date _____