

Club Crusader

2008-2009 EXTENDED SCHOOL PROGRAM

PreK through 8th Grade Students 6:30-7:30 a.m. and 2:30-6:00 p.m.

PARENTS' STATEMENT

The enclosed \$25.00 per family registration will register my child(ren) in the Club Crusader Extended School Program. I am aware that the registration fee is non-refundable.

- There is no refund if the student misses days due to illness, vacation, or disciplinary action. I realize that for a prolonged illness, Club Crusader will allow me to withdraw my student then pay a re-registration fee of \$25.00 upon his/her return. In this case, any tuition previously paid will be applied to future weeks of attendance.
- All Club Crusader students are required to comply with the student handbook rules.
- I understand that the weekly fee applies for the full week or any part thereof regardless of days attended.
- I agree to assume responsibility for any accident or injury occurring to my child during Club Crusader activities.
- I further agree to hold harmless FLCS, its staff, and corporate board from any liability.
- The full-time, monthly fees include the all-day care on the parent conference day, teacher in-service, and work days only. Club Crusader will be open with a "limited" schedule during Christmas and Spring Break. For Christmas and Spring Break there is an additional daily fee of \$25 for a registered child (add'l children at \$15.00).
- Continued enrollment is contingent on prompt payment of Club Crusader fees.
- I understand that a \$25 late fee will be assessed if I do not pay my Club Crusader fees by the 5th of the month.
- I am aware that there will be a \$30 fee assessed for checks returned by the bank.

I, the undersigned parent/guardian, hereby grant permission for my child to participate in the Club Crusader Extended School Program at Fort Lauderdale Christian School.

Parent/Guardian Signature: _____ Date: _____

We make eternal impressions on young lives every day.



School Phone: 954-972-3444
Club Crusader Phone: 954-600-FLCS
(954-600-3527)

Club Crusader

Fort Lauderdale Christian School EXTENDED DAY PROGRAM REGISTRATION FORM

STUDENT'S NAME: _____ GRADE _____

STUDENT'S NAME: _____ GRADE _____

STUDENT'S NAME: _____ GRADE _____

Initial the care you will need:

_____ **6:30 a.m.-7:30 a.m. only** \$25.00 per week

- Weekly fees are paid by Friday

_____ **2:30 p.m. -6:00 p.m. only** \$40.00 per week

- 3 days only (\$20.00 for add'l children in the same family)
- Weekly fees are paid by Friday

_____ **2:30 p.m. -6:00 p.m. only** \$170.00 per month *(Full-time rate)*

- 5 days only (\$85.00 for add'l children in the same family)

_____ **6:30 a.m.-7:30 a.m. &** \$220.00 per month *(Full-time rate)*

2:30 p.m.-6:00 p.m. (\$110.00 for add'l children in the same family)

- 5 days only

_____ **Drop-In Rate** \$10.00 per hour or any part thereof due at pickup

- A.M. drop-ins pay when the child is dropped off.
- P.M. drop-ins pay when the child is picked up.

FAMILY ACCT. #: _____

REGISTRATION: _____

PAID BY: _____

RECEIVED BY: _____

Late Pick-Up Penalty

\$15.00 per 15 minutes
or any part thereof

In case of minor accidents or illness, **Club Crusader** will notify you to pick up your student. For major trauma, the school will call 911 and then contact you. HOME PHONE: _____

MOTHER'S NAME: _____ WORK PHONE: _____ CELL: _____

FATHER'S NAME: _____ WORK PHONE: _____ CELL: _____

List two neighbors or relatives who will assume temporary care of your student if you cannot be reached:

NAME: _____ PHONE/BEEPER/CELL: _____ RELATIONSHIP: _____

NAME: _____ PHONE/BEEPER/CELL: _____ RELATIONSHIP: _____

INSURANCE COMPANY: _____ POLICY # _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE: _____