

THE COVENANT SCHOOL
After Care Enrollment Form
nsomma@thecovenantschool.com

Please return this completed form to Nicole Eke Somma in the school office.

Days: Monday through Friday on full school days.

Hours: Begins at 3:00 pm and ends no later than 5:30 pm.

Fee: \$9.00 per child per day, flat rate.

Snacks & Drinks: Provided by The Covenant School.

Invoices: You will receive invoices via email at the beginning of each month.

CHILD NAME: _____ GRADE: _____

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Please list any allergies and/or medications:

Note: Tylenol will not be given by After Care staff. Any medications must come in a sealed plastic bag signed by the parent with dispensing instructions and kept in the school office.

I expect my child(ren) to attend on the following days:

Please circle all that apply: Monday Tuesday Wednesday Thursday Friday As Needed

Parent(s) Name(s): _____

Address: _____

E-mail: _____

Phone Numbers: (home) _____

(cell) _____

(work) _____

List any additional person(s) who may pick up your child(ren) with your written notification:

Date: _____