

**THE COVENANT SCHOOL**  
**After Care Enrollment Form**  
[nsomma@thecovenantschool.com](mailto: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: \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

**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.*

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

**Please circle days they will usually attend:    Mon.    Tues.    Wed.    Thurs.    Fri.**

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: \_\_\_\_\_