

**THE COVENANT SCHOOL**  
**After-School Care Enrollment Form**

Specifics about After Care may be found in the attached "After-School Care Information Sheet".

Days: Monday through Friday on full school days.

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

Fee: \$10.00 per child per day, includes snack. (\$10 late pick-up fee)

**Please complete this form and return it to the school office:**

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

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

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

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

**Please list any allergies and/or medications:**

\_\_\_\_\_

*Note: Tylenol will not be given from TCS. 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:**

\_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_