

FBCS 2025 -26 AFTER SCHOOL CARE REGISTRATION FORM

Date: _____ / _____ / _____
Mo. Day Year

Hours: 3:00 – 5:30 p.m. Monday – Friday

Cost: **Full-time:** \$260/month (Mon. - Fri.)

Drop-in fee: \$15/day

(with email notification sent to: fbcfinance@fbc.edu.ky **AND** to: fbc@fbc.edu.ky)

If no email, it will be treated as late pick up & late pick-up fees will apply.

After 5:30 p.m. late pick up fees: \$1.00 each additional minute after 5:31 p.m.

Student Name: **Last:** _____ **First:** _____ **Gr:** _____

Mother's Name:

Father's Name:

Cell: _____ Work: _____ Cell: _____ Work: _____

Names of persons picking up your child (other than parents):

1. _____ /Relation: _____ Ph# _____

2. _____ /Relation: _____ Ph# _____

Emergency Contact:

Name: _____ Cell: _____ Work: _____

Medical Information:

Allergies: Please circle one: Yes / No - If yes, please list below or other Medical Conditions to be aware of:

***NOTE:** School office **MUST** be notified when child is withdrawn from after school care, in order to avoid accumulating ASC fees.

Payment must not fall more than one month behind in order to have your child continue in the afterschool care program.

I have read & agree upon all above information:

Print name: _____ Signature: _____

c/ascshareddocs/school/afterschoolcare