



AFTER SCHOOL CARE PERMISSION FORM

Please complete this REQUIRED form for your child to participate in SPCS's After School Care. After School Care is available for Kindergarten through 8th grade students. Hours are from 3:15 pm to 5:30 pm during regular school days. During half days, hours are from 11:45 am to 5:30 pm. All students should be picked-up from the Main Campus no later than 5:30 pm.

	<i>Weekly Fee</i>	<i>Hourly Rate Fee</i>
After School Care Only	\$60.00	\$5.00

If the school is closed all day, but the preschool is open (teacher work days, etc.) - \$25/day

Student's Name _____ Grade _____

Parent/Guardian's Name(s) _____

Parent/Guardian's Phone #(s) _____

Parent/Guardian's Email _____

Emergency Contact Name _____
(other than parent/guardian listed above)

Emergency Contact Phone #(s) _____

AFTER-SCHOOL CARE PICK-UP AUTHORIZATION & RELEASE

I, _____ (parent/guardian's name) give permission for the following person(s) to pick-up my child from the after-school program. I understand that my child will only be permitted to leave with the parent/guardian or the person(s) named here unless I notify the SPCS staff, in writing, of additional person(s) authorized to pick-up my child.

Name _____ Telephone # _____

Name _____ Telephone # _____

Name _____ Telephone # _____

I give permission for my child, _____ to participate in After School Care. I understand that all school rules and regulations apply and that failure to abide by these guidelines may result in further disciplinary action to include dismissal from the program. Additionally, I give permission for my 5th through 8th grade child to be transported from the Mills Campus to the Main Campus by one of the SPCS Faculty/Staff members.

Parent Signature: _____ **Date:** _____