



Adventures 4 Kids Registration

◆ Adventures 4 Kids is held from 2:15-5:30 pm Monday – Friday and is available for students grades K-6.

Charges are as follows:

Minutes	Pick up Time	Cost
1-30	2:15 - 2:45	\$2.00
31-60	2:46 - 3:15	\$4.00
61-90	3:16 - 3:45	\$6.00
91-120	3:46 - 4:15	\$8.00
121-150	4:16 - 4:45	\$10.00
151-180	4:46 - 5:15	\$12.00
181-195	5:16 - 5:30	\$14.00

Late Fee

There is a \$1.00/minute late fee from 5:30-5:35 pm. After 5:35 pm the late fee will be \$5.00/minute.

Billing

Charges for care are conveniently billed every two weeks and are separate from your tuition account. Statements are mailed to your home.

Please Note:

Picking up students from the Adventures 4 Kids Program is only allowed for individuals who have been pre-approved by the parents and named on this registration form. Individuals who pick up a child will be asked to provide picture identification.

Please turn completed form in to the School Office.

Date: _____

Entering School Year: _____

Days Needed: M: _____
(check boxes) T: _____

W: _____

Pick-up Time: Th: _____

(indicate on line) F: _____

Occasional Drop-in
(with advance notice)

Applicant Information

Full Name: _____

Address: _____

Father's Name: _____

Father's Work Phone #: _____

Father's Cell Phone #: _____

Father's Email: _____

Mother's Name: _____

Mother's Work Phone #: _____

Mother's Cell Phone #: _____

Mother's Email: _____

List two people who can assume responsibility for your child if you cannot be reached:

_____ name phone

_____ name phone

List the names of people authorized/not authorized to pick-up your child:

Authorized:

_____ name phone

_____ name phone

Grade: _____

Birth Date: _____

Age: _____

Applicant: New Registrant
 Past Participant
 LCA Staff

Gender: Male
 Female

Child's Physician: _____

name

phone

Please list any known allergies:

Please list any limitations or disabilities your child has to assist in our planning:

Emergency medical information:
I hereby authorize Legacy Christian Academy to act in emergency situations that involve my child. The immediate source of emergency assistance will be 911.

signature of parent/guardian

date

Not Authorized:

name

name