



**Northside**  
Christian Academy  
Summer/AfterCare Program

To: **Parents**

From: **Mrs. Laurie Gore**

Date: **2016-2017**

RE: **Welcome**

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I want to take this time to introduce myself; my name is Laurie Gore. I am the Extended Care Director. I also would like to welcome you into the AfterCare and SummerCare Program. This year is going to be full of fun activities, cool trips, making new friends, and the most important thing learning about God.

Included in your enrollment packet is the Student/Parent handbook. I want to highlight some areas and thank you for your continued support of this ministry. If at any time you need to reach me directly you may contact the school office and they will be sure to get me the message or you may email me at [lauriegore1002@gmail.com](mailto:lauriegore1002@gmail.com).

The aftercare program has a bus that delivers students from Bradford County Schools. We are open from 2:30pm to 6:00pm during the school year. After the students arrive in aftercare they will start their homework from 2:30 to 4:00. The children that do not have homework will play outside or games inside during that time. We will eat a snack and do a Bible lesson from 4:00 – 4:30. After 4:30 we play until time to go home. We go outside on the play ground, play games inside, or watch a movie. During the summer we will be open from 6:30am to 6:00pm. We serve breakfast during 8:00 – 8:30, lunch during 11:30 – 12:00, and snack during 3:30 – 4:00. Throughout each day there will be a craft, a Bible lesson, and fun games planned. Every week there will be a field trip. There is a registration fee of \$50 for Summercare to cover the additional cost of field trips, T – shirt, and events. Toward the end of summer parents may or may not be asked to pay (\$5 - \$10) per event if the \$50 fee is exhausted.

Tuition is due each Monday and is considered late Wednesday afternoon at which time late fees we be applied. Any account that is more than two weeks past due will result in your child not being able to attend until your account is paid in full. Students that are picked up after 6:00pm will be charged \$1.00 per minute for late pick up. Please make sure our School Bookkeeper or myself aware of any problems concerning your account.

We appreciate the opportunity to teach, care for and show the love of Christ to your child and pray that we can be a blessing to your family.

Sincerely,

*Laurie Gore*

Laurie Gore  
NCA Extended Care Program

Date: \_\_\_\_\_



# SUMMER/AFTERCARE ENROLLMENT FORM

Student's Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

If parents are separated or divorced, with whom does the child live? \_\_\_\_\_

Name and address of school attending: \_\_\_\_\_

Is there any other information we need to know about this child? \_\_\_\_\_

### Emergency Contact/Pick Up Authorization:

Name of persons authorized to pick up child and/or contact in case of emergency: (other than those listed above)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

.....  
**SummerCare T-Shirt**

**Clothing** (shirt) child S (6-8) M (10-12) L (14-16) adult S M L XL 2X other: \_\_\_\_\_

.....  
The school has my permission to call the above named emergency contacts in case of an emergency when as a parent I cannot first be reached. Before any change can be made, the new information must be on file in the office. Northside Christian Academy admits students of any race, color and national or ethnic origin. The Summer/AfterCare program is only available to students enrolled in 5<sup>th</sup> grade and below. The registration fee of \$50 is required at time of enrollment.

I wish to enroll my child: \_\_\_\_\_ FULL TIME \$90 per week \_\_\_\_\_ DROP IN \$25 per day \_\_\_\_\_ PART TIME \$70 (3 days)

.....  
(Please do not write below the line.)

Date of interview: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Date of enrollment: \_\_\_\_\_ Class assignment: \_\_\_\_\_

Registration Fee Paid – Ck # \_\_\_\_\_  
Registration Invoiced – Date \_\_\_\_\_

Family discount applied

# Northside Christian Academy

## Permission to Treat a Minor

Name of child: \_\_\_\_\_ Date: \_\_\_\_\_

List of all allergies: \_\_\_\_\_  
\_\_\_\_\_

List of all medications: \_\_\_\_\_  
\_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person #1 \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person #2 \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any operation(s), injury, major illnesses or allergies your child has ever had and the dates that they occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event the above named child needs medical attention and I, his/her parent or guardian, cannot be reached, an agent of Northside Christian Academy is hereby authorized to obtain all necessary medical treatment following his/her instructions for treatment. I assume all financial responsibility.

In case of an accident or serious illness, where immediate treatment of my child is not necessary, but where he/she is unable to remain at school, the school will contact me to arrange transportation for my child. If the school is unable to contact me, I authorize the school to contact one of the persons listed above and request that they come to school and transport my child home.

This permission is in effect from the date signed up to 13 months.

\_\_\_\_\_  
(signature of parent or guardian)

\_\_\_\_\_  
(date)

### **The above signature must be notarized.**

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
(name of person making statement)

who is personally known to me or;

has produced identification as follows \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Notary's Commission