PEARL HARBOR CHRISTIAN ACADEMY
94-1044 WAIPIO UKA STREET, WAIPAHU, HAWAII 96797 (808) 678-3997

BEFORE/AFTER CARE (BAC) REGISTRATION/AGREEMENT FORM

(SY: _____)

ONE FORM PER STUDENT

Students in 7th Grade and up must have approval before being allowed to enroll in BAC

Student Name: _____ Grade: _____

Father/Guardian: _____ Ph: _____

Mother/Guardian: _____ Ph: _____

Please answer the following questions: *(circle answers where appropriate)*

1. Student is being registered for: ***Before Care*** ***After Care*** ***Both***
2. Provide the approximate time student will be picked up from After Care? (You are not locked into this time)
   _____
3. Would you like your child to complete ALL homework before allowing free time? ***YES / NO***
4. Please list any allergies and/or medications your child will need to take while in BAC on the back of this form.

I/We understand that:

- The PHCA Code of Conduct and Dress Code still apply while in Before/After Care (BAC).
- Students who are enrolled in After Care MUST check in first, before participating in any other after school activities unless parents inform the office in WRITING that the student will not be attending for the day. There are no adjustments for days missed.
- If your child is scheduled for After Care, you must inform the office if they will be picked up at regular dismissal time and not attending for the day.
- Before Care starts at 6:45am and After Care ends at 4:30pm (Preschool) and 5:30pm (K – 8th Grade).
- Late pick-up fee is $5.00 for up to the first five minutes and $1.00 for each additional minute thereafter.
- Fees are managed through FACTS. PHCA charges a $20.00 fee for payments rejected through FACTS on top of any fees FACTS may charge.
- There are no Day-to-Day or Drop-in Option for Before/After Care. My commitment in completing this form is for a FULL YEAR. Fees are paid monthly through FACTS with debits starting on July 28th and ending on April 28th.
- The office must be notified in WRITING at least 30 days in advance of student's last day of attendance or 30 days will be added to the date the school was notified in writing to determine the last day. There is a %75.00 cancellation fee & student will owe the difference between ***[daily rate x number of school days through determined last day] less [amount already paid].***

AUTHORIZED EMERGENCY CONTACTS:

List any additional authorized person(s) besides parents/guardians that will be allowed to pick up the student. Please make sure individuals bring appropriate photo ID as our After Care Program Leaders will have to verify identification before your child will be released.

Name _____ Relationship _____ Ph# _____

Name _____ Relationship _____ Ph# _____

Name _____ Relationship _____ Ph# _____

Name _____ Relationship _____ Ph# _____

I/We understand that the persons listed above are authorized to sign-out our child on our behalf anytime during After Care and/or in the event of illness/emergency and parents cannot be contacted. We will make sure the persons listed above are informed to bring proper photo identification so their identity can be verified before the After Care Program Leaders will release our child.

All authorized persons must be 18 years of age or older to sign-out students.

ALLERGIES / MEDICATIONS:

List any allergies and/or medications your child needs to take while in Before/After Care (BAC). An authorization to administer medication must be on file if medication will be administered (please initial below if there are no allergies/medications):

_____

_____

_____

_____ My child does not have any known allergies. _____ My child does not need to take any medications during Before/After Care (BAC).

_____ _____

Father/Guardian Signature ***Mother/Guardian Signature***

_____ _____

Date ***Date***