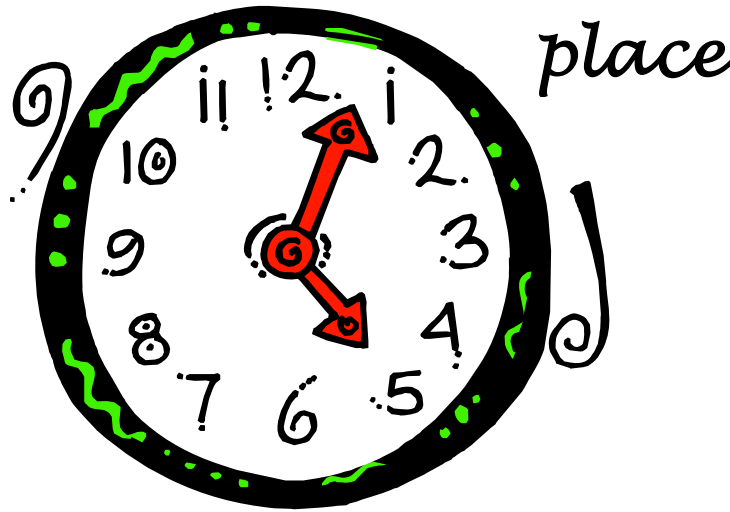


Do *Do you need a*
to do projects with friends?
to work on computers?
to get tutoring?
to do your homework?
to wait to be picked up?



Then go **BEYOND** the regular school day!!!

Sign up now for the
Prep Campus
BEYOND After-School Program

Monday-Friday 4:15-6:00 p.m.
Registration available for full year,
per semester or daily.
The program begins the first full day of school.

For registration or program information,
contact Georganne Roberts @ 817-368-2497 or email
groberts@southwestchristian.org

SCS Preparatory Campus BEYOND

After-School Program Registration

**PLEASE COMPLETE THE TWO FORMS BELOW AND
email to Georganne Roberts at groberts @southwestchristian.org.**

The BEYOND after-school program has been designed to meet the needs of parents who require care for their student beyond traditional school hours. Hours for the BEYOND program begin at 4:15 PM and end at 6:00 PM on all full school days.

Student Name: _____ Grade _____

Parent or Guardian Name: _____ For school year _____

Our family intends to use the BEYOND After-School program as follows:

- PLEASE MAKE NOTE THERE WILL BE NO AFTER-SCHOOL PROGRAM ON ½ DAYS OF SCHOOL OR SCHOOL HOLIDAYS

_____ Monday through Friday for the entire school year.

_____ Monday through Friday for the first semester only.

_____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

_____ Drop-in Only

PROGRAM FEES: *All fees paid are non-refundable

Registration:

5-day Full-year	\$1,200.00 due August 17
5-day Semester	\$ 600.00 due August 17 and January 4
Daily rate	\$10.00 (minimum 10 visit pre-paid amount must be purchased)

Full year and semester payments must be paid in full in advance or can be paid monthly. Families choosing to pay monthly will be required to use the FACTS Tuition Management program. If you are already a FACTS user, the charge can be added to your current FACTS agreement. For students only attending 2 or 3 days per week, or for occasional “drop in” students, a 10 visit minimum pre-paid amount is available for purchase of \$100.00. Students will not be allowed to attend until some form of payment has been received.

STUDENT INFORMATION

STUDENT'S NAME: _____ GRADE _____

ADDRESS: _____

Please list any allergies:

Any emergency treatment required for allergies?

Does the student take any medications regularly or have any medications at school that may be required during the day? _____

EMERGENCY CONTACT INFORMATION:

Please provide the best numbers to make contact after school hours: (cell/office/etc.)

FATHER: _____

MOTHER: _____

RELATIVE: _____

FRIEND: _____

PHYSICIAN: _____ PHONE: _____

INSURANCE PROVIDER: _____

POLICY / GROUP # _____ PHONE _____

The following people have permission to pick my student up from school:

PERSON

RELATIONSHIP TO CHILD

1. _____

2. _____

3. _____

4. _____

PARENT SIGNATURE

DATE