



Joshua Christian Academy *Extended Day Application*

Student's Name _____ Enrollment Date _____

Parent/Guardian Name _____ Grade _____

Address _____
Street City State Zip

Contact Numbers: Home _____ Work _____

Alternate _____

Please Check One:

Before Care 6:30 am-8:20 am

After Care 3:10pm – 6:00pm

Before and After Care (includes both)

Persons authorized to pick up the student other than the parent or legal guardian:

Name Phone Relationship

Name Phone Relationship

PLEASE READ

I understand that once my child(ren) have enrolled in extended day, I am responsible for payment regardless of holidays, including Thanksgiving, Christmas and Spring Break, planning days, absences, personal vacations inclement weather, Hurricane, Tornado etc. **NO FEE WILL BE PRORATED OR REFUNDED FOR ANY REASON.** I further understand that payment is due on or before Friday preceding services and that the late fee policy will apply to unpaid fees. Services will be terminated immediately until the fees are paid in full.

Parent's Signature

Date