



Faith Zone is a Junior Kindergarten through fifth grade afternoon program for parents desiring supervised activities for their children until 6:00 PM. Activities include free play, homework time, games, crafts, movies, etc. Healthy snacks are provided. However, if your child has dietary restrictions please provide a snack for your child. Faith Zone is available during regularly scheduled half-days but does not meet on Project Faith Day or any day before school breaks (e.g. Fall Break, Thanksgiving, Christmas, Spring Break, end of school, etc.). *Note: If your child is not picked up by the end of dismissal, a 1 day Faith Zone attendance charge of \$20 will be charged to your account.*

**Weekly charges per student:**

- \$20 1 day attendance
- \$40 2 day attendance
- \$60 3-5 day attendance
- \$45 3-5 day each additional sibling

**Additional fees:**

\$10 Additional per student fee on  
scheduled half-days

Late Fee: A late pick-up fee of \$1 per minute per student will be added if your child is not picked by 6:00 PM

- Please check the box if your student is planning to participate full time in Faith Zone.

**PLEASE PRINT.**

Child's Name \_\_\_\_\_

Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell Number \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emerg. Contact # \_\_\_\_\_

**PLEASE SEE BACK.**

**Please list individuals other than parents who are allowed to pick up your child.**

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

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

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

**Permission To Treat:**

I authorize the Head of School, administration employees, faculty members, and my child's athletic coaches of Faith Christian School ("Agent") to administer over-the-counter medication in accordance with such medication's indications and apply bandages to my child as such Agent deems advisable and in accordance with school policy. Further, I consent on my behalf to any examination and/or medical or surgical diagnosis, or treatment (after attempting to reach me without success), including emergency or hospital care, deemed advisable and rendered by a licensed physician or certified emergency medical personnel ("Medical Attention"). It is understood that this authorization is given in advance of any specific Medical Attention, but is given to provide advanced authority of any Agent to consent to all such Medical Attention. In all cases, I acknowledge (i) that this permission creates no obligation on Faith Christian School to stock medication or medical supplies, or for any Agent to grant consent for Medical Attention, and (ii) that I will remain responsible for the associated costs.

Parent/Guardian(s) Signature(s):

\_\_\_\_\_

Please print full name:

\_\_\_\_\_

**Parent Payments:**

I am responsible for all fees pertaining to Faith Zone for the 2021-2022 school year which are due and payable on the first day of each month.

Parent/Guardian(s) Signature(s):

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