

Holden Christian Academy
Before/After School Care – **Program Registration Form**

Parent Name: _____

Parent Phone: (_____) _____ - _____

HCA's Emergency/Permission Forms completed at the beginning of the school year on ParentsWeb will be used for emergency information. Please make sure your information is up to date.

I would like my children to attend the HCA Before and/or
After School Care Program during the 2018-19 school year

Student Name:

Grade:

Please check, and sign below.

_____ I understand the program and fee structure and agree to be charged the annual family registration fee of \$15 to my FACTS account.

Parent Signature: _____

Date: ____/____/____