

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

Parent Name: \_\_\_\_\_

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 2017-2018 school year

Student Name:

Grade:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check each line, and sign below.

\_\_\_\_\_ I understand the program and fee structure and agree to be charged the \$15 registration fee to my  
FACTS account.

Parent Signature: \_\_\_\_\_