

# After-School Enrichment Program 2016-2017

4 Harrison Bridge Road • Simpsonville, SC 29681

Telephone: (864) 688-0415 • Website: [www.bcaedu.org/after-school.php](http://www.bcaedu.org/after-school.php)

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August 16, 2016 - June 02, 2017

## Registration Form

**Registration Fee - \$60.00 per child** (includes material fees & snacks - non refundable)

**\*Early Bird Registration (Expires 7/31/2016) - Registration Fee will be \$50 per student & Tuition \$55 per week (1 child)**

Activity Fee - \$50 (includes paper, pencils, field trips, and holiday activities - non-refundable)

FACTS Enrollment Fee - \$45

### Weekly & Daily Drop-In Fees:

\$65 per week (\$115 - 2 children/\$170 - 3 children) - Non-members

\$60 per week (\$105 - 2 children/\$155 - 3 children) - Bethlehem Baptist Church members &

2015-2016 School Term BBC After School Program Students

\$25 daily drop-in rate (3PM - 6PM includes snack) - if space is available.

Holiday drop-in (7AM - 6PM includes lunch & snack).

After School Program Students will pay the regular weekly tuition and will be responsible for the costs of off-campus activities.

Non After School Program Students (if space is available)

Rates: \$40 -One (1) day per holiday week / \$50 -Two (2) Days per holiday week / \$75 -Three (3) or more days per holiday week

### STUDENT INFORMATION:

Today's Date \_\_\_\_\_

Child's Age \_\_\_\_\_

Child's Name (Last \_\_\_\_\_ (First) \_\_\_\_\_ (Name Preferred) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex \_\_\_M\_\_\_F Home Telephone Number (\_\_\_\_) \_\_\_\_\_

Church Affiliation: \_\_\_\_\_, Bethlehem Baptist Church: Member/Non-Member/AFS 2015-2016 Student \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Mobile Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Number \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Mobile Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Number \_\_\_\_\_

Parent's Marital Status \_\_\_\_\_(Married) \_\_\_\_\_(Divorced) \_\_\_\_\_(Single)

Allergies (foods, insects, etc.) \_\_\_\_\_

Person (s) authorized to pick-up child:

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Number \_\_\_\_\_

### SCHOOL INFORMATION:

School \_\_\_\_\_ Grade \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Strong Subjects \_\_\_\_\_ Weak Subjects \_\_\_\_\_