



# DORIS TODD CHRISTIAN ACADEMY

## After School Care Application 2022 - 2023

### STUDENT:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Grade: \_\_\_\_\_

### PARENT DATA:

Both Parents     Single Parent:     Mother Only     Father Only     Guardian

Last Name \_\_\_\_\_ First \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_

If Guardian (Full Name): \_\_\_\_\_

Home Phone (        ) \_\_\_\_\_ Work Phone (        ) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell \_\_\_\_\_

### FINANCIAL PAYMENTS WILL BE HANDLED BY:

FACTS     Mail Checks Monthly     Paypal Monthly

*Enrollment in After School Care is conditional upon payment of the first month's fee.*

### PARENT SIGNATURE:

The undersigned agrees to release and hold harmless, the school, its agents and employees from all claims, damages, or other liabilities or injuries to my child, which is not the result of gross negligence by this school, its agents, or employees. The undersigned also agrees to indemnify the school for damages by my child.

**Signature of parent financially responsible is required:** I certify the information given on this application is complete and accurate.

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

Guardian \_\_\_\_\_ Date \_\_\_\_\_