



# Word of Life Christian Academy Extended Hours Registration

Please list the names of the child(ren) you would like to enroll in WOLCA's Extended Hours program.

Full Name	Grade	Monthly Fee
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Family E-mail \_\_\_\_\_

The following is a list of people authorized to pick up my child from the Extended Hours Program.

Full Name	Relationship	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

\_\_\_\_\_ I have read and agree to all policies and terms as stated on the Word of Life Christian Academy Extended Hours Information Sheet. I agree to pay fees by the 15th of each month to pay the next month's fees. If fees are not paid by the 15th, my student will not be allowed to return to the program the next month until the balance is paid in full. If this occurs two months in a row, my student will not be eligible to attend WOLCA Extended Hours. All fees are due by August 15th for students to attend September Extended Hours.

Signature \_\_\_\_\_ Date \_\_\_\_\_