

Faith Zone 2024-2025

Faith Zone is a Junior Kindergarten – Fifth Grade afternoon program for parents needing supervised activities for their children until 5:30 p.m. Activities include free play, homework time, games, crafts, movies, etc.

Healthy snacks are provided. However, please provide a snack for your child if he/she has dietary restrictions.

Faith Zone is available during regularly scheduled half-days but does not meet on Project Faith Day or any day before school breaks, ex. Fall Break, Christmas, end of school, etc.

	\$20	charges per student: per day for each additional sibling per day		
	Addi (\$10	tional Fees: additional per student fee on scheduled hal	f-days	
Late F p.m.	ee: A	late pick-up fee of \$1 per minute per student	will be added if your c	child is not picked up by 5:30
	Pleas	se check the box if your student is planning <u>Please p</u>		ne in Faith Zone.
Child'	's Name	e	Birthday	Grade
Child's Name			Birthday	Grade
Child's Name			Birthday	Grade
Addre	ss		Home/Cell Number	
Emergency Contact Name:			Emergency Contact #	

	Please list individuals other than parents who	are allowed to pick up your child.	
Name	ne	Phone	
Name	ne	Phone	
Name _.	ne	Phone	
Permi	mission To Treat :		
Faith (medic school treatmadvisa It is un provide (i) tha	horize the Head of School, administration employee a Christian School ("Agent") to administer over-the- ication's indications and apply bandages to my child of policy. Further, I consent on my behalf to any exament (after attempting to reach me without success) sable and rendered by a licensed physician or certification understood that this authorization is given in advanced advanced authority of any Agent to consent to a fact this permission creates no obligation on Faith Charany Agent to grant consent for Medical Attention, is.	counter medication in accordance with as such Agent deems advisable and in amination and/or medical or surgical dia in including emergency or hospital care, and emergency medical personnel ("Medical emergency medical Attention, but all such Medical Attention. In all cases, laristian School to stock medication or medical emergency medi	such accordance with agnosis, or deemed dical Attention"). t is given to I acknowledge edical supplies,
Parent	nt(s) Signature(s)		<u> </u>
Date _	·		
Paren	ent Payments:		
	responsible for all fees pertaining to Faith Zone for ne first day of each month.	the 2024-2025 school year which are d	ue and payable
Parent	nts(s) Signature(s)		_