

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

Parent Name: _____

Parent Phone: (_____) _____ - _____

HCA's Emergency/Permission Forms completed at the beginning of the school year as part of the enrollment process 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 2023-2024 school year

Student Name:

Grade:

Please check, and sign below.

_____ I understand the program and fee structure and agree to be charged the annual family registration fee of \$15 to my FACTS account. (This fee will not be charged until first day of After School care used.)

Parent Signature: _____

Date: ____/____/____