



5005 Carlisle Road
Dover, PA 17315
717-292-5000
lcs@lighthousebap.org

Extended Care Registration Form

Today's Date _____

Student's Name _____

Student Allergies _____

The charge for extended care is \$0.50 per fifteen minutes (\$2 per hour).

Before School Care (7:30-8:30 AM)

Approximate Time of Drop Off _____

Days of the Week Needing Before School Care (Circle All That Apply)

M T W Th F

After School Care (3:30-4:30 PM)

Approximate Time of Pick Up _____

Days of the Week Needing After School Care (Circle All That Apply)

M T W Th F

As Parent/Guardian of the student listed above, I hereby give permission for Lighthouse Christian School to care for my child on the days and times indicated above. I will also not hold Lighthouse Christian School responsible for any injury to the student or any damage or loss incurred to personal property.

Parent's Name _____

Parent's Signature _____

Contact Information

Address _____

Parent's Phone _____ Emergency Phone _____