



5005 Carlisle Road  
Dover, PA 17315  
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## Extended Care Registration Form

Today's Date \_\_\_\_\_

Students' Name \_\_\_\_\_

Student Allergies \_\_\_\_\_

The charge for extended care is \$2.00 per hour.

### Before School Care (7:30 – 8:30 AM)

Approximate Time of Drop Off \_\_\_\_\_

Days of the Week needing **Before School** care

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

M T W Th F

As the 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 \_\_\_\_\_