



**HICKORY GROVE CHRISTIAN SCHOOL**  
**BEFORE/AFTERSCHOOL & STUDY**  
**HALL REGISTRATION 2017-2018**

*"TO KNOW CHRIST AND TO MAKE HIM KNOWN THROUGH CHRISTIAN EDUCATION"*

**PLEASE COMPLETE ONE FORM PER CHILD AND RETURN TO THE HGCS FINANCE OFFICE, ATTN: VICTORIA HENDERSON  
 7200 E. WT HARRIS BLVD., CHARLOTTE, NC 28215**

**PLEASE SELECT YOUR CHOICE OF SERVICE BELOW:**

- Campus Preference       Main Campus (all students)
- Grades TK-6               Before/After School-\$1650 yearly       Before/After School PLUS Adventure Days-\$2100 yearly
- Grades 7-12  
 After School Study Hall       1 day per week-\$165 yearly               4 days - \$660 yearly  
     2 days per week-\$330 yearly               5 days per week - \$825 yearly  
     3 days per week-\$495 yearly
- Grades TK-12               Before School ONLY-\$300 yearly

Student's Name \_\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Allergies \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_

Neosporin® or Benadryl® may be used for cuts/scrapes on my child.     YES     NO

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Persons other than the parents who are allowed to pick up this child from after school:

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_

## BEFORE/AFTER SCHOOL PARENTAL AGREEMENT

1. Before/After School will be provided for TK-7th grades and will be held at Main Campus. Before School service will be located in the cafeteria area from 7:00 AM until 7:20 AM. School teachers will escort students to the After School classrooms to check them in to the program.
2. Study Hall is provided for students in grades 8-12. Payment for services will be paid using RenWeb with all other school related charges.
3. A late fee of \$1.00 per minute (after 6:00 PM) will be added to your account whenever you are late picking your child up from After School.
4. My child has permission to attend any field trips that may be planned during After School or Adventure Days. I understand that my child may be photographed while participating in After School or Adventure Day activities.
5. The church or school will not be held liable for any accidents or injuries during Before/After School, Adventure Days or Study Hall activities.
6. In case of injury, I give permission for my child to be treated by a doctor should I not be able to be contacted immediately.

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Signature of Parent or Legal Guardian

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Date

Mary Jo Cooke  
Before/ After School Director  
Office: 704-531-4029  
maryjocooke@hgchristian.org

Victoria Henderson – HGCS Finance Department  
704-566-7518  
victoriahenderson@hgchristian.org



**R** - Respect

**O** - Obedience

**A** - Appreciation

**R** - Responsibility