



# conquerorkids

## After-School Program OVERVIEW

conquerorkids After-School Program is a place for your child to learn, grow, and play in a safe environment. We are thrilled to come alongside parents to provide quality child care for their most precious possessions.

### Activities

After school care includes homework time, snacks, games, crafts, athletics, and one-on-one and group interaction and mentoring with our qualified staff.

### Schools

Pick-up transportation to the campus of Tabernacle Christian School is provided from the following schools:

Clyde Campbell Elementary School  
Hickory Christian Academy  
Jenkins Elementary School  
Northview Middle School  
Oakwood Elementary School  
Snow Creek Elementary School  
St. Stephens Elementary

*Tabernacle Christian School students remain on campus after the school day.*

### Hours

After-school care is available at the conclusion of the school day until 6:00 p.m.

### Cost

Transportation Fee for Non-TCS Families: \$5/week/child

After-School Program Rate: \$3.50/hour/child

All billing will be done electronically through Facts Tuition Management. Please provide an accurate email address on your registration form. Once registered, please check your email for financial details.



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Hosted by Tabernacle Christian School  
1225 29<sup>th</sup> Avenue Drive NE · Hickory, North Carolina  
tabernaclechristianschool.org · (828) 324-9936

"Let your light so shine before men, that they may see your good works, and glorify your Father which is in heaven." Matthew 5:16



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## After-School Program

**Transportation Fee for Non-TCS Families: \$5/week/child**

**After-School Care Rate: \$3.50/hour/child**

Student/Family Information

CHILD'S NAME	DOB	GRADE ENTERING	ALLERGIES	SCHOOL

Mother's Information

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Father's Information

First \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_ Child lives with: \_\_\_\_\_



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Emergency Contact Information - Alternate Pick-Up/Release

☐ In case of illness, medical emergency, or need for pick-up, the following people (in addition to parents listed above) may pick up my child(ren).

NAME	RELATIONSHIP	ADDRESS	PHONE

Medical Release Information

*Insurance Information*

Policy Number \_\_\_\_\_ Name of Health Insurance Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

*The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.*

Terms of Agreement

Medical Release

*I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.*

Parent's/Guardian's Initials \_\_\_\_\_

Photo Release

I hereby give permission for my child to be photographed during the conquerorkids After-School Program. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of conquerorkids After-School Program.

Parent's/Guardian's Initials \_\_\_\_\_



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Transportation Release

I hereby give permission for the transportation of my child for official conquerorkids activities by modes of transportation agreed to by the camp organizers.

Parent's/Guardian's Initials \_\_\_\_\_

conquerorkids and Tabernacle Christian School are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

How did you hear about conquerorkids After School?

- Summer Camp       Website       School \_\_\_\_\_  
 Word-of-Mouth       Other \_\_\_\_\_



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