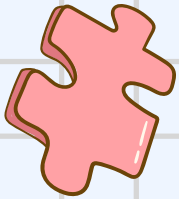
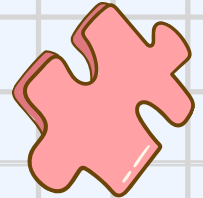
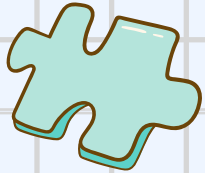




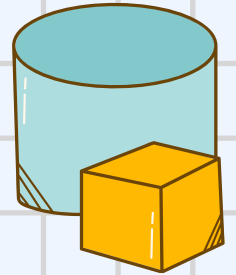
**Providence Creek
Academy**

**AFTERCARE
PROGRAM**

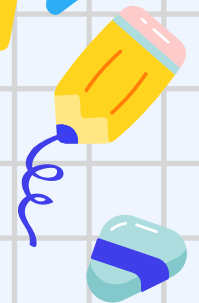
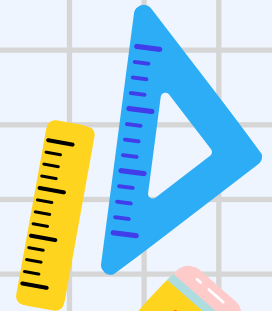
**2024-25 REGISTRATION
NOW OPEN**



 Homework help, Enrichment,
Recreation, Snack 

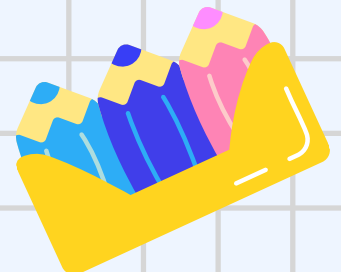
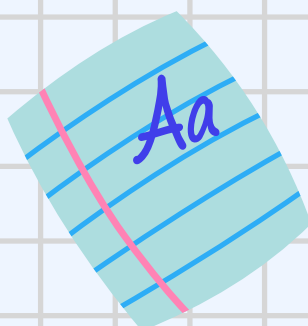
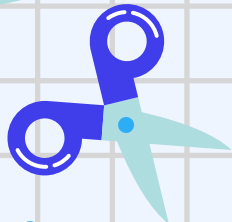


**A DAY
\$20.00**



**STARTS AUGUST 26TH 3:30PM-
6:00PM**

**www.pcasaints.org/Aftercare
nicole.cooper@pca.k12.de.us**



2024 Providence Creek Academy

Aftercare

Registration Form

Registration forms & registration fee must be received by

Monday, August 26, 2024

Registration fee : \$35 (non-refundable)

Student Name: _____ Grade: _____

Parent 1/Guardian Name _____

Phone Number: _____

Email Address: _____

Parent 2/Guardian Name _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Student Medical Conditions (i.e. ADHD, asthma, seizures, etc.):

Medication(s) Student takes on a regular basis:

Please list an allergies:

I verify that all of the above information is correct. I understand that the above information will be shared with staff and administration on a need to know bases and with emergency medical staff in the case of emergency, unless I notify you otherwise

Parent/Guardian Signature _____ Date _____