



Sheridan Community Schools  
**BLACKHAWK CARE (BHC)**  
 Fee-based opportunities beyond the school day

Application  
 Please enroll my child in the 2016-2017 fee-based  
**BLACKHAWK CARE (BHC) School Year Program**

(check in the column to the left of your program choice  
 and to the left of your payment schedule choice)

	AM care only		
	PM care only		I select a weekly payment schedule
	AM/PM care		I select a monthly payment schedule
	Occasional Care		

Student: \_\_\_\_\_  
 Grade Level \_\_\_\_\_ Home Room Teacher: \_\_\_\_\_  
 Parent or Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Payments may be made with check or cash payment submitted in a sealed envelope with child's name, parent's name, grade level, and amount written on outside of envelope.

Please read and initial each line below.

- \_\_\_\_\_ My \$35.00 non-refundable registration fee is enclosed. I understand this is a one time only enrollment fee per child. I will not pay subsequent registration fees for as long as I am continuously enrolled in the school year program.
- \_\_\_\_\_ I have not included a \$35.00 registration fee because I am a returning Priority Family.
- \_\_\_\_\_ My first weekly or monthly payment is enclosed.
- \_\_\_\_\_ I have read and understand the information provided in the BLACKHAWK CARE (BHC) Fee Structure and have indicated my program and fee schedule choices in the table above.
- \_\_\_\_\_ I understand the nonpayment of tuition will result in immediate removal from the **BLACKHAWK CARE (BHC)** program unless permission to continue is granted by the Superintendent or designee following a written request to remain with the program submitted within 24 hours of notification of non-payment.
- \_\_\_\_\_ I have received the BLACKHAWK CARE (BHC) Program Details booklet and will adhere to program guidelines and expectations.
- \_\_\_\_\_ I have submitted the signed BHC Parent Consent Form / Health Records Sheet.

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Date