

8349 EAGLE WAY BYPASS HOPKINSVILLE, KY 42240 (270) 885-2417 WWW.HCAHOPKINSVILLE.ORG

2024-25 Extended Care Registration Form

Guardian (1)	Phone
Guardian (2)	Phone
Email (1)	Email (2)
Student's Name	Grade
Student's Name	Grade
Student's Name	Grade
5 th grade. Limited exceptions may be made for students am and 3:00 pm to 5:30 pm daily. Students arriving at s will be sent to Extended Care and charged the appropria	r school for full-time students from Kindergarten through is in 6 th grade and up. The hours are from 6:45 am to 7:30 school before 7:30 am and those not picked up by 3:15 pm ate rate. te (AM & PM) - \$9.50/hr.
	dren - \$10.50/hr.
Invoices are sent home at the end of every month. Access20.00 late fee and considered delinquent. Please note	ounts paid 30 days after the billing date will be assessed a that there is a late fee of \$5.00 PER MINUTE for any child becomes delinquent, the child will no longer be allowed to
Thank you! We look forward to a great school year!	
Parent Signature	Date