

Fall 16 17 18 19 20 21 22 23 24 25 26 27 28
(Click or "X" the box in front of digits to indicate school year, i.e., "X16" indicates the fall of 2016.)

EXTENDED CARE PROGRAM

Community Christian Academy provides before and after school care for students. All elementary students (K through 5) dropped off at the regular campus between 6:30 a.m. and 7:30 a.m. must report to the gym for before school care. All MS/HS students (6-12) who arrive on campus between 6:30 a.m. and 7:15 a.m. must also report to the gym for before school care.

All students left at school at the close of the school day must report to after school care. No student is allowed on campus at the close of the school day unless supervised by our after school care staff or are in a teacher-supervised room.

The cost of the extended care program is \$4.00 per hour. You will be billed for the time used in 15-minute increments. A monthly contract with unlimited use is available for \$100/1 child, \$175/2 children, and \$225/3 children. Contracts are for a period of one school year (10 months) and are binding. Once the contract is signed, it cannot be changed. All extended care costs will be billed on a monthly basis. Accounts must be kept current in order for the student to be able to continue participation in the program. A late fee of \$15 will be added after the 20th of the month, and if not paid in full by the 1st of the following month, the student will not be able to participate in the program until such time as the balance is paid in full.

All students must be signed out by the parent/guardian or designee before the student is released from after school care.

Hours of Operation

6:30 a.m. – 7:30 a.m. (elementary students)

6:30 a.m. – 7:15 a.m. (MS/HS students)

2:45 p.m. – 5:30 p.m. (all students)

After 5:30 p.m., for every 15 minutes (or portion thereof) a parent/guardian is late, there will be a \$5 late charge.

EXTENDED CARE PROGRAM COMMITMENT FORM

Name of child/children _____

Those permitted to pick up my child/children are:

Please place an "X" by the extended care program service you desire.

My child/children will be on contract at \$100/1 child, \$175/2 children, or \$225/3 children per month.

My child/children will be participating on an as needed basis at the rate of \$4.00 per hour per child.

Parent's Name _____ Date _____

Parent's Signature of Commitment _____