

After-School Program

Extended day care is provided by our After-School Program as a service to working parents of students in grades K-8. The details of the program are listed below. Please complete the form on the back if you are interested in using this service.

Our Program:

Hours: Available from 3:00 PM until 5:30 PM

Charges are made in half-hour increments for a full or partial half hour.

Cost: First child \$3.00 per hour (\$30.00 for a 10-hour card)
Second child \$2.00 per hour (\$20.00 for a 10-hour card)
Third+ child \$1.50 per hour

Policies:

1. Students must be signed in and out of the program on a daily basis. The parent or authorized guardian must sign the child out of the program and list the time that the child was picked up.
2. Children are on the back playground when the weather permits. When not on the back playground, the children will be in the school building. Please ring the intercom in the lobby to gain access to the gymnasium.
3. The program ends at 5:30 PM. Parents should make arrangements to have student picked up by 5:30. Any students who are not picked up by 5:30 will be charged \$1.00 per minute after 5:30. This late charge should be paid when the child is picked up. Late charges can be taken off of your card.
4. Persons picking up children who are not the parent/guardian must be authorized by the parent/guardian in writing or by phone conversation with the After-School Program attendant.
5. THIS IS A PREPAID PROGRAM. Parents must buy time in ten-hour increments. Some parents may only need to use the program once or twice per year. In those cases, payment should be made at pick-up. Any time purchased and not used will be refunded at the end of the school year.
6. Parents whose payments are in arrears will no longer be able to leave their child in the After-School Program and may be turned over to a collection agency.
7. Parents should familiarize themselves with these procedures before leaving children in the After-School Program.

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Enrollment Form

Student Name(s) _____

Grade(s) _____ Date(s) of Birth: _____

Mother/Guardian Name: _____

Address: _____

Cell Phone: _____ Work number: _____

Father/Guardian Name: _____

Address: _____

Cell Phone: _____ Work number: _____

Another person we may contact in case of emergency:

Name: _____ Phone: _____

Allergies or medical problems of which we should be aware: _____

At this time, I plan to use the program as follows:

_____ I plan to use the program on a regular basis, Monday-Friday.

_____ I plan to use the program one to four days per week.

I plan to pick up my child(ren) or have them picked up at approximately:

_____ 3:00 – 3:30

_____ 4:30 – 5:00

_____ 3:30 – 4:00

_____ 5:00 – 5:30

_____ 4:00 – 4:30

PROGRAM ENDS AT 5:30 PM.

Names of persons authorized by you to pick up your child(ren) from the ASP:

I agree to the policies and procedures to be used in the After-School Program of the Central Baptist Academy.

Signature: _____ Date: _____