



## **After-School Program** **Central Baptist Academy**

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

The minimum charge is for one hour. The remaining charges are in half hour increments.

**Cost:** First child      \$5.00 per hour (\$50.00 for a 10-hour card) Minimum charge is \$5.00  
Second child      \$3.00 per hour (\$30.00 for a 10-hour card) Minimum charge is \$3.00  
Third+ child      Free

### **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 cafeteria or gymnasium.
3. The program ends at 5:30 PM. Parents should make arrangement to have students picked up by 5:30. If children are picked up between 5:30 and 6:00, there will be a \$15.00 late fee. If children are picked up after 6:00 there will be a \$45.00 late fee.
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. Credit cards are accepted. 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. All payments must be current or parents will not be able to leave their child in the After-School Program.
7. Parents should familiarize themselves with these procedures before leaving children in the After-School Program.

**If you plan to use this program, please complete the form on the reverse side and forward it to the school.**



**After-School Program**  
**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: \_\_\_\_\_

\_\_\_\_\_ (initial) I understand that I will be charged for the first hour and then in ½ hour increments.

\_\_\_\_\_ (initial) I understand I will be charged a late fee if the child(ren) are not picked up by 5:30 p.m.

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 – 4:00

\_\_\_\_\_ 4:00 – 4:30

\_\_\_\_\_ 4:30 – 5:00

\_\_\_\_\_ 5:00 – 5:30

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: \_\_\_\_\_