

# KID'S CLUB



## Summit Christian Academy

2121 Cypress Creek Road

Cedar Park, TX 78613

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## Kid's Club Director

Gerardo Quesada

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## Hours of Operation

School Days 3:30 pm–6:00 pm

Kid's Club is available on all regular school days, most school holidays and half days. Kid's Club will be canceled on any day given school holiday if enrollment is below 5 children.

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## Fees

Registration Fee.....\$35.00 per family

Monthly After School Care.....\$215.00 monthly per child\*

School Holiday Care.....\$40 per day;

Drop-In After School Care.....\$8.50 an hour per child\*\*

(\$20 per day for regular monthly Kid's Club families)

\*The cost of monthly care is calculated and divided into 10 monthly payments from August through May. Short months will NOT be prorated.

Monthly tuition includes half day care.

\*\*There is a 1 hour minimum and a 4.5 hour maximum on half days for drop in care. After the first hour, the cost is calculated on the quarter hour.

**A late fee of \$1.00 per minute is charged after 6:00.** If a child is picked up late three times, she/he may no longer have the privilege of coming to Kid's Club.

## Policies and Procedures

### Registration Process

Complete the childcare enrollment paperwork in its entirety and return with the registration fee. If a student is returning to Kid's Club they still must re-enroll for the year. Make checks payable to Summit Christian Academy and note "Kids' Club" in the memo section of your check. Enrollment packet includes:

Enrollment Form

Copy of one or both of the parents' driver's license.

Identification of program selected: Monthly care, drop in care, etc.

**Payment** - Payments will be processed through your facts account.

**Age Requirements** - Kid's Club is available for students currently enrolled at Summit in Pre-K through Fifth grade.

**Snacks** - A snack will be not be provided. Please send a snack and a water bottle with your child.

**Activities** - Each day we will offer outdoor play on the playground when the weather permits. We have many games, puzzles, blocks and toys available for your child's enjoyment and development, in addition to art supplies. Students will have the opportunity to work on homework if needed.

**Pick Up** - To ensure your child's safety, all children must be signed out by a parent/guardian or a person designated on your enrollment form. Photo ID will be required.

**Illnesses** - Childcare policies regarding illnesses follow the school's illness policy. Medicine will not be dispensed in Kid's Club. Life threatening medical emergencies will be handled by calling 911 first, then the parent. If a parent cannot be located, the emergency contact will be notified.

**Half Days and School Holidays** - Children are required to bring their own lunch and drink on half days, as well as a morning snack on school holidays.

# KID'S CLUB ENROLLMENT FORM



Enroll my child(ren) in: Monthly Care (\$215/month) \_\_\_\_\_ Drop In Care (\$8.50/hour) \_\_\_\_\_ (check one)

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_

Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Additional Information \_\_\_\_\_

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

Additional Information \_\_\_\_\_

## Parent/Guardian's Name:

Mother \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Emergency Contacts/Permission to Pick Up (A photo ID will be required)

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the director or person in charge to take my child(ren) to:

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

I give consent for Summit Christian Academy to secure any and all necessary emergency medical care for my child/children.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I have been issued a copy of the Policies and Procedures of the Summit Christian Academy Kid's Club. I have read and agree with the policies and procedures as set forth. I understand that I will be informed in writing if changes are made to any of these policies.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_