

# AFTERCARE



## Aftercare

512.250.1369

School Days 4:00 pm–6:00 pm

After Care is available on all regular school days, as well as half days.

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## Fees

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

Monthly Rate.....\$215.00 monthly per child\*

Drop-In Rate.....\$8.50 an hour per child\*\*

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

Monthly tuition includes half day care. Half days will have extended care available, with the exception of the last day of school.

\*\*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 attending Aftercare.

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## Aftercare Guidelines

### Registration Process

Complete the childcare enrollment paperwork in its entirety and return with the registration fee. A returning student is required to re-enroll for the new school year. Make checks payable to Summit Christian Academy and note "Aftercare" in the memo section of your check. Enrollment packet includes:

*Enrollment Form & Identification of program selected: Monthly care, drop in care, etc.*

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

**Age Requirements** - Aftercare is available for students currently enrolled at SCA in Pre-K through Fifth grade.

**Snacks** - A snack will 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 Aftercare. 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** - Children are required to bring their own lunch and drink, as the cafeteria will be closed for any lunch options.

# AFTERCARE ENROLLMENT FORM



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

Student 1 Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

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

Student 2 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 a school personnel 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 read and understand the Kid's Club hours of operation and guidelines. I understand that I will be informed in writing if changes are made to any of these policies.

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