

BEFORE SCHOOL PROGRAM 2020-2021

The London Christian Academy Before School Program is designed for parents who have a need to drop off their children before regular supervision time (8:30 a.m.). The program will be run by the school but is independent of the regular day school component of London Christian Academy and is therefore supported by a separate fee structure. The Program is set up to supervise your children before school Monday to Friday (not including holidays and P.A. Days). The staff of the Before School Program will supervise indoor games as well as other activities throughout the week revolving around the interests of the children.

Parents are to register their children so all student information is known so we can meet their needs. All parents will have to sign their children in to the program when they drop them off each day. Children who come into the school before 8:30 a.m. will be directed to the Before School Program. Parents will be billed at the end of each month for all the times this program was used by your children. Payment is due upon receipt of the monthly invoice.

Monthly rate (pre-registered)	\$90.00 per month/per child
Daily rate 7:30 – 8:30	\$6.00 per day/per child
Daily rate 8:00 – 8:30	\$3.50 per day/per child

(one half hour will be billed before 8:30 a.m. with the second half hour if before 8:00 a.m.)

Please fill out the following information if you are interested in registering your children for the Before School Program for the 2020/2021 school year.

Name of children being registered

1. _____	Grade _____
2. _____	Grade _____
3. _____	Grade _____
4. _____	Grade _____
5. _____	Grade _____

Which days of the week are you interested in registering your children for?

Monday Tuesday Wednesday Thursday Friday

Parents Name (Printed): _____ Parent's Signature: _____

Phone Number :(H) _____ (W) _____ (C) _____

Medical Concerns: _____

AFTER SCHOOL PROGRAM

London Christian Academy's After School Program is designed to meet the needs of parents who need supervision for their child/children after 3:45 p.m. The program will be run by the school but is independent of the regular day school component of London Christian Academy and is therefore supported by a separate fee structure. The Program is set up to supervise your children for up to 2 hours after school dismissal Monday to Friday (not including holidays and P.A. Days). The staff of the After School Program will supervise in a classroom setting, homework, games, crafts and snacks provided by the parent.

Parents are to register their children so all information is available to the supervisor and this way we can meet their needs. It is highly preferred that parents wishing to use this program sign up ahead of time, please make sure you have the bottom of this form filled in. **All Parents will have to sign their children out from the program when they come to pick up each day.** Children who are still at the Kiss and Ride after the regular supervision period provided by the school (3:30 – 3:45 p.m.) will be directed to the after school program and parents will have to sign their children out from the program at the time of pick up.

Parents will be billed at the end of each month for all the times this program was used by your children. Payment is due upon receipt of the monthly invoice.

Monthly rate (pre-registered)	\$125.00 per month/per child
Daily rate (pre-registered)	\$10.00 per day/per child
Occasional use and late pick-ups	\$3.00 per half hour/ per child

Note: Parents picking up after 5:30 will be charged a late fee of one dollar per minute/per child late.

Please fill out the following information if you are interested in registering your children for the After School Program for the 2020/2021 school year.

Name of children being registered 1. _____ Grade _____
2. _____ Grade _____
3. _____ Grade _____
4. _____ Grade _____

Which days of the week are you interested in registering your children for?

Monday Tuesday Wednesday Thursday Friday Occasional use

Parents Name (Printed): _____ Parent's Signature: _____

Phone Number (H) _____ (W) _____ (C) _____

Medical Concerns: _____

Permission is granted for the following people to pick up my child/children (Print Full Name):
