



Before School Program

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 in the gym. For the safety of the students and staff we will be following regulations and guidance from the Ontario government and Public Health officers and the model and guidelines that LCA are using. Students will be grouped with siblings and social distance from other families. Face masks for Grades 1-8 will be required.

Parents **must** register their children so all student information is known so we can meet their needs. **All Parents will have to come to the northeast door of the gym and knock to drop off your child/children each day. The supervisor will sign in your child/children.** 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 2021/2022 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: _____