

**CHRIST'S CHURCH ACADEMY
2020-2021 EXTENDED CARE REGISTRATION / CONTRACT**

REGISTRATION FEE: \$45 per family
Kindergarten-8th grade only

MONTHLY FULL-TIME CARE

3:30 p.m. – 6:00 p.m. \$200 per child (includes a.m. care)

OCCASSIONAL CARE

\$8 per hour/\$4 per ½ hour **(reservations must be made in advance)**

AM FULL-TIME: 7:00 - 8:00 a.m.

\$60 per month per child -a.m. care only
\$8 per hour/\$4 per ½ hour for occasional use **(reservations must be made in advance)**

LATE FEE (after 6 p.m.) – Fees vary, see Policies, Procedures and Monthly Fees

Please complete the following. Be sure to include all family members who will participate in the extended care program whether it is for full-time or occasional care. Registration fee of \$45 is due at time of registration. First month's fee for August/September is due Monday, August 10th. **All fees will be charged to your FACTS account.**

CCA Extended Care
10850 Old St. Augustine Road
Jacksonville, Fl 32257

STUDENT'S NAME _____ GRADE _____

PARENT'S NAME _____

HOME ADDRESS _____ ZIP _____

EMAIL ADDRESS _____

PHONE NUMBERS: HOME _____ CELL _____

GRADES K – 8	FULL-TIME CARE _____ 7:00 – 8:00 a.m. _____ (only) 3:30 – 6:00 p.m. _____ (includes a.m. care)	OCCASIONAL CARE _____ List days and times if applicable _____ _____
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2020-2021 EXTENDED CARE CONTRACT

1. I have read and understand the Extended Care Program policies and procedures.
2. Monthly fees are due on the 1st of each month and late if not received by the 10th of each month. A \$10 late fee will be charged to your account if payments are not received by the 10th of the month. In addition to the late fee your child may not return to Extended Care until your account is paid in full.
3. There will be a \$25 fee for all returned checks.
4. For December, full-time fees will be half the normal fee due to the Christmas vacation.
5. I understand the late fee charge. The official clock is the clock in the Extended Care office.
6. **Reservations for occasional care/early dismissal days must be made in advance and is based on availability.**

I understand that we must comply with all financial and procedural policies set forth by Christ's Church Academy and its Extended Care Program. I have also read and understand the Extended Care Program's policies and procedures that are posted on the Christ's Church Academy website.

PARENT'S SIGNATURE _____ DATE _____