

# **BEFORE/AFTER SCHOOL CARE GUIDELINES & FEES**

## **Pre-School – Grade 12**

The Before School Care program is offered to all Pre-School through 12<sup>th</sup> grade students at Trinity Christian School. Before School Care begins at 7:00am and ends at 7:30am.

The After Care program is offered to all Pre-School through 12<sup>th</sup> grade students at Trinity Christian School. After Care begins at 3:15pm and ends at 5:30pm. Families who plan to use After Care services are requested to complete a calendar for each student to assist in planning and scheduling staff. **Calendars for each month are due on the last Wednesday of the previous month** and can be turned in at the front office or the aftercare room.

The Direct Line to the Before/After Care room is 304-291-4096.

### **FEES**

Annual Early Care Enrollment Fee	\$25.00 per family
Early Care Daily Rate	\$ 2.50 per day
Annual After School Care Enrollment & Snack Fee	\$75.00 per family
PK/Elementary After School Care Hourly rate	\$ 3.00 per hour
Secondary After School Care Hourly rate	\$ 2.00 per hour

### **GUIDELINES**

1. You must complete an Early Care/After Care registration form for your family. Please submit forms by August 13. We understand situations arise where you may need to use this service and have not pre-registered. Your child will be automatically enrolled on first day of attendance and you will be charged the annual enrollment and snack fee. We will give you the necessary paperwork to complete when you pick up your child.
2. EARLY CARE ONLY:
  - a. ALL STUDENTS must enter through the elementary After School Care area. (Door H). Parents of all elementary students must sign in their child/ren. Secondary students may sign themselves in.

3. AFTER CARE ONLY:

- a. All students not picked up from school by 3:15 pm will be sent to After Care.
- b. If a student is picked up any time after 3:15pm, the first full hour will be charged. After 4:15pm, charges will be rounded up to the nearest 15-minute increment. (Example: pickup at 4:33 will be charged until 4:45).
- c. Students who are not picked up by 5:30pm will be charged \$2.00 for each 10 minutes past 5:30pm. Parents habitually arriving late may be released from the program.
- d. Students will not be released to someone who is not on your Pick Up list. You must send in writing (either note or email) to the office prior to 2:30pm if you have authorized someone who is not on your Pick Up list to pick up your student(s).
- e. Parents of all students must enter the elementary After Care area to sign out their children. (Door H). Each age group (pre-school, elementary and secondary) will have their own specific area and you will sign them out there.
- f. Parents will be billed at the beginning of each month for the previous month's charges.

# BEFORE SCHOOL CARE REGISTRATION

## Children Enrolled:

_____	_____	_____	_____	_____
Last	First	Age	Grade	Date of Birth
_____	_____	_____	_____	_____
Last	First	Age	Grade	Date of Birth
_____	_____	_____	_____	_____
Last	First	Age	Grade	Date of Birth
_____	_____	_____	_____	_____
Last	First	Age	Grade	Date of Birth

Parent/Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_  
                            Mobile                            Work                            Home

Estimated Drop Off Time:\_\_\_\_\_

**Annual Before School Care Enrollment Fee: \$25 per family** Date Received: \_\_\_\_\_

I have read and agree to the policies of and guidelines of Trinity Christian School's Before/After Care Program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# AFTER SCHOOL CARE REGISTRATION

## Children Enrolled:

\_\_\_\_\_

Last	First	Age	Grade	Date of Birth
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Last	First	Age	Grade	Date of Birth
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\_\_\_\_\_

Last	First	Age	Grade	Date of Birth
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Last	First	Age	Grade	Date of Birth
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Parent/Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_

Mobile	Work	Home
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Estimated Pick Up Time(s): \_\_\_\_\_

## PICK UP INFORMATION

*List individuals other than yourself authorized to pick up your child(ren) from After School Care.*

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Allergies and/or Special Request** \_\_\_\_\_

**Annual After School Care Enrollment Fee: \$75 per family** Date Received: \_\_\_\_\_

I have read and agree to the policies of and guidelines of Trinity Christian School’s Before/After Care Program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_