



Conquerors for Christ Before & After School Care

919 Gum Branch Road
Jacksonville, NC 28540

Michelle Ray Owner/Director

Email: Conquerors4Christ@gmail.com

Hours of Operation

Before Care will be provided from 6:30 a.m., Mon-Fri

After Care will be provided from 3:00 p.m., Mon-Fri

When school dismisses at noon, After Care will end at 3:00 p.m.

Fees

The monthly rate for the **2019-2020** school year for **BEFORE CARE ONLY:**

\$135 ~ for the first child

\$109 ~ for the second child

\$102.50 ~ for the third child

The monthly rate for the **2019-2020** school year for **AFTER CARE ONLY:**

\$195 ~ for the first child

\$157 ~ for the second child

\$147.50 ~ for the third child

The monthly rate for the **2019-2020** school year for **BEFORE & AFTER CARE:**

\$245 ~ for the first child

\$197 ~ for the second child

\$185 ~ for the third child

Drop in rate is \$6 per child, per day for Before Care.

Drop in rate is \$13 per child, per day for After Care.

There is a \$25.00 NONREFUNDABLE Registration Fee per child.

ONLY AUGUST MONTHLY RATE WILL BE PRORATED!!!

Late Fees

Monthly fees are due by the 5th of each month. A \$25 late payment fee will be charged, if the monthly fee has not been paid by the 6th of each month. If the 5th falls on a holiday or weekend, you will have until the following day of school to pay any outstanding balance before late fees are assessed.

You will be charged an extra \$2.00 per child for every 5 minutes you are late picking up your child from after care.

Conquerors for Christ Before and After Care Contract

I, _____, will be enrolling my child/children, _____, in the following *Conquerors for Christ Program*:

(Please initial which program(s) you are enrolling in)

- A. _____ I am enrolling my child/children in **Before Care Only** at the rate of \$135 a month for the first child, \$109 for the second child, and \$102.50 for the third child. Before Care hours are Monday-Friday, 6:30 a.m. - 7:40 a.m.
- B. _____ I am enrolling my child/children in **After Care Only** at the rate of \$195 a month for the first child, \$157 for the second child, and \$147.50 for the third child. After Care hours are Monday-Friday, 3:00 p.m. – 5:30 p.m.
- C. _____ I am enrolling my child/children in **BEFORE AND AFTER CARE** at the rate of \$245 a month for the first child, \$197 for the second child, and \$185 for the third child. Before and After Care hours are Monday-Friday, 6:30 a.m. - 7:40 a.m. and 3:00 p.m. – 5:30 p.m.
- D. _____ My child/children will be a **DROP-IN** for **Before Care**, at the rate of \$6.00 each morning, per child. **I understand this fee is due the same day the service is provided.**
- E. _____ My child/children will be a **DROP-IN** for **After Care** at the rate of \$13.00 each afternoon, per child. **I understand this fee is due the same day the service is provided.**

(Please initial each item listed below)

1. _____ I understand that all rules stated in the JCA handbook also apply to the *Conquerors For Christ* Before and After School Program.
After Care Program.
2. _____ It is my responsibility to pay my bill on the first of every month.
3. _____ A late fee is charged for bills not paid by the 5th of every month. I understand that a \$25.00 late fee will be added to my bill on the 6th of the month, if my bill is not paid.
4. _____ A \$25.00 fee will be charged for non-sufficient funds.
5. _____ If I do not pick up my child/children by 5:30 p.m., I will be charged \$2.00 for every five minutes thereafter, per child.
6. _____ I will provide my child with a snack for after care.
7. _____ A nonrefundable \$25.00 registration fee per child is required.

8. _____ *Conquerors for Christ* Before and After Care will **NOT** be responsible for items my child/children brings to before and after school care.
9. _____ **After Care hours are 3:00 p.m. – 5:30 p.m. On days when school dismisses at noon after care will be provided between the hours of 12:00 p.m. – 3:00 p.m. My child will need to bring a lunch on half days.**
10. _____ I understand that if my child is sick, I will be called to pick up him/her immediately.
11. _____ If I owe additional fees, I will receive a monthly statement during the last week of the month or it will be written on my last receipt.
12. _____ If JCA is closed due to weather conditions, I understand that *Conquerors for Christ* Before and After Care will also be closed.
13. _____ A month notice is required when day care services are no longer needed. I understand that I am responsible for paying for a month of care from the date I give notice. To reenroll the registration must be paid again.
14. _____ **DROP IN FEES ARE DUE THE DAY OF SERVICE.** The Before Care rate is \$6.00 and the After Care rate is \$13.00. **You may put down a dollar amount as credit at the beginning of the month if you wish. NO EXCEPTIONS**
15. _____ The only payment C4C will prorate is August.

Parent's Signature

Date

Conquerors for Christ Before and After Care

Information Card

Child's Name: _____

Address: _____

Grade: _____ Age: _____ Birth Date: _____ Home Number: _____

Child's Physician: _____ Phone Number: _____

Father's Name _____ Mother's Name: _____

Father's Employer: _____ Mother's Employer: _____

Father's Work Number: _____ Mother's Work Number: _____

Father's Cell Number: _____ Mother's Cell Number: _____

Email Address: _____

If parents are separated, with whom does the child reside? _____

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

**The following people are allowed to pick up my child/children
(Photo identification is required for pick-up)**

* _____ *

* _____ *

Please list allergies to food or other problems/information that would be helpful to staff concerning your child/children.

* _____

* _____