



Conquerors for Christ Before & After School Care

919 Gum Branch Road
Jacksonville, NC 28540

Michelle Ray Owner/Director

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Hours of Operation

Before Care will be provided from 6:30am-7:40am ~ Mon-Fri

After Care will be provided from 3:00pm-5:30pm ~ Mon-Fri

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

Fees

The monthly rate for the **2018-2019** school year for **BEFORE CARE ONLY:**

\$135	first child
\$109	second child
\$102.50	third child

The monthly rate for the **2018-2019** school year for **AFTER CARE ONLY:**

\$195	first child
\$157	second child
\$147.50	third child

The monthly rate for the **2018-2019** school year for **BEFORE & AFTER CARE:**

\$245	first child
\$197	second child
\$185	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 AND JUNE MONTHLY RATES 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.
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. _____ 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.
5. _____ I will provide my child with a snack for after care.
6. _____ A nonrefundable \$25.00 registration fee, per child is required.



7. _____ *Conquerors for Christ* Before and After Care will **NOT** be responsible for items my child/children brings/bring to before and after school care.
8. _____ **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.**
9. _____ I understand that if my child is sick, I will be called to pick him/her up immediately.
10. _____ If I owe additional fees, I will receive a monthly statement during the last week of of the month.
11. _____ If JCA is closed due to weather conditions, I understand that *Conquerors for Christ* Before and After Care will also be closed.
12. _____ A two week notice is required when day care services are no longer needed. I understand that I am responsible for paying for two weeks of care from the date you give notice.

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.

* _____

* _____