

Conquerors For Christ Before & After School Care

919 Gum Branch Road
Jacksonville, NC 28540

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(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 3:00pm

Fees

The monthly rate for the 2022-2023 school year for **BEFORE CARE ONLY:**

\$140- For the First Child

\$112- For the Second Child

\$105- For the Third Child

The monthly rate for the 2022-2023 school year for **AFTER CARE ONLY:**

\$200- For the First Child

\$160- For the Second Child

\$150- For the Third Child

The monthly rate for the 2022-2023 school year for **BEFORE & AFTER CARE:**

\$250- For the First Child

\$200- For the Second Child

\$188- For the Third Child

DROP-IN RATE IS \$7 PER CHILD, PER DAY FOR BEFORE CARE

DROP-IN RATE IS \$15 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 \$30 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 \$3.00 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 \$140 a month for the first child, \$112 for the second child, and \$105 for the third child. (Before Care hours are Monday-Friday, 6:30am to 7:40am.)
- B. _____ I am enrolling my child/children in **After Care Only** at the rate of \$200 a month for the first child, \$160 for the second child, and \$150 for the third child. (After Care hours are Monday-Friday, 3:00pm-5:30pm.)
- C. _____ I am enrolling my child/children in **BEFORE AND AFTER CARE** at the rate of \$250 a month for the first child, \$200 for the second child, and \$188 for the third child. (Before and After Care hours are Monday-Friday, 6:30am-7:40am and 3:00pm-5:30pm.)
- D. _____ My child/children will be a DROP-IN for Before Care, at the rate of \$7.00 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 \$15.00 each afternoon, per child. **I understand this fee is due the same day the service is provided.**
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(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 Care and After Care 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 \$30.00 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 5:30pm., I will be charged \$3.00 for every 5 minutes thereafter, per child.
5. _____ I will provide a snack for my child for After Care.
6. _____ A nonrefundable \$25.00 registration fee per child is required every -school year.
7. _____ Conquerors for Christ Before and After Care will NOT be responsible for items my child/children brings to Before and After school care.
8. _____ **After Care hours are 3:00pm-5:30pm. On days when school dismisses at noon, after care will be provided between the hours of 12:00pm-3:00pm. 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 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 30 DAY 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 the notice. To reenroll the registration fee **MUST** be paid again.
13. _____ I agree to pay a \$30 fee for a returned check.
14. _____ The only monthly fee C4C will prorate is August.
15. _____ **DROP-IN FEES ARE DUE THE DAY OF SERVICE. The Before Care rate is \$7 a day, per child and the After Care rate is \$15 a day, per child. You may put down a dollar amount as credit at the beginning of the month, if you wish!**

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 the Parents are separated, with whom does the child reside with? _____

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.

* _____
* _____