



HEART CRY

CHRISTIAN ACADEMY

TIME + TRUTH = TRANSFORMATION

2024/2025 HCCA After School Program

The HCCA After School Program is a fun, comfortable, and safe place for your child. Students using these services will have the same behavioral expectations as they do during the school day (please refer to the Parent-Student Handbook). Students K-7th may use the After School Program. Drop-in services are also available.

Schedule

The HCCA After School Program will begin on the first day of school. On early dismissal days, extended hours will be available. After School Program hours will be Monday - Thursday: 3:00-5:30 p.m., and Fridays: 12:00-3:00 p.m. After School Program services will not be provided on school holidays or breaks.

Activities

Your child/children will enjoy a variety of activities including:

- A healthy snack (Please list any food allergies alongside your child's information.)
- Supervised indoor and outdoor play
- Organized group games and activities
- Structured reading time
- Movie day on Fridays

Drop-In

Students are welcome to "drop in" to the HCCA After School Program on occasions when parents find it necessary to use the service: emergencies, running late, special plans, etc. Please call the office and let us know. The Drop-In Rate is \$15.00 per day.

Fees

- Weekly Rate: \$60.00 per week, Monday-Friday
- Daily Rate (also pertains to short holiday weeks): \$15.00 per day
- Multi-Child Discount: 25% off the weekly rate for each child registered after the first (oldest) child. Does not apply to daily or drop-in services.
- Late Pick-Up Fee: HCCA offers a 5-minute grace period. Students remaining after 5:35 p.m. (M-Th) or 3:05 p.m. (Fri) will be charged a fee rate of \$2.00 a minute until pick-up.

Payment Policies

After School Program services will be invoiced weekly and payment is due upon receipt. If a family falls more than two weeks behind in their payments, services will be suspended until payment is made.

*Enroll your child in HCCA After School Program by contacting the school office for this service. **After School Program will not be offered on days when school is not in session.**

**All students in Grades K-7 must be under supervision and will be required to be in after school care after 3:00 p.m. unless participating in a supervised, extra-curricular activity. We understand that pick-up line takes time, so children remaining after pick-up line is complete will be sent to After School Program and charges will apply.

Date _____

If you know, approximately how much you will use HCCA After School Program (Weekly, Daily, Drop-In)? This helps us plan, but does not obligate you.

Pre-registration

I will be using the After School Program more than 10 days during the 2024-2025 school year or I plan on a regular schedule of use which I have described above. I understand that I will be billed \$60.00 per week or \$15.00 per day on short holiday weeks.

Signed, Parent or Guardian

Drop-In

My child “dropped in” to the HCCA After School Program today! I have read this notice and understand that I will be billed \$15.00 per day, per child.

Signed, Parent or Guardian

Late Pick Up

My child was escorted to the After School Program today because they were left late! I understand that after 3:25 p.m., the After School Program is the only supervision option available at HCCA. In the interest of student safety, and in accordance with State and Federal law, HCCA is not permitted to leave unsupervised children on the premises. I have read this notice and understand that I will be billed \$15.00 per day, per child, for the use of After School Program when they are picked up late.

Signed, Parent or Guardian

Expected persons to pick up my child(ren):

List the full name, phone number, and relation of regular pick-up persons (if someone *outside of those listed here* will be picking up your student(s), please provide a note to let the office or After School Program staff know of the **name & phone number** of the alternate pick-up person and expected pick-up time):

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Child's Full Name _____
Goes by _____ Grade _____
Known Allergies, Health Concerns & Important Medication (EpiPens, insulin, etc.):

Child's Full Name _____
Goes by _____ Grade _____
Known Allergies, Health Concerns & Important Medication (EpiPens, insulin, etc.):

Child's Full Name _____
Goes by _____ Grade _____
Known Allergies, Health Concerns & Important Medication (EpiPens, insulin, etc.):

Child's Full Name _____
Goes by _____ Grade _____
Known Allergies, Health Concerns & Important Medication (EpiPens, insulin, etc.):

