

# **Trinity Christian Academy**

## **After School Program Contract**

Trinity Christian Academy's after school program is available to students in Pre-K thru 8<sup>th</sup> Grade. Hours are 3:00 p.m. - 5:30 p.m. (A \$10 late fee will be assessed for students picked up later than 5:30 p.m.). Students are responsible for their own snacks. After school care is not provided on early dismissal days. **Enrollment in the after school program is for the entire school year and upon signing below becomes a binding obligation.**

Please list all students you are registering in the after school program for the 2010-2011 school year.

\_\_\_\_\_ Grade  
Student's Name

\_\_\_\_\_ Grade  
Student's Name

\_\_\_\_\_ Grade  
Student's Name

\_\_\_\_\_ **Full Time After School Care** - \$750.00 per school year for the first student  
(\$700.00 per school year for each additional student)

\_\_\_\_\_ **Part Time After School Care** - \$400.00 per school year for **each** student enrolled  
(10 times or less per month for September, October, November, January, February,  
March and April; 5 times or less per month for August, December, May)

The annual fee may be paid in one payment due August 1<sup>st</sup> of the school year or the fee will be added to the monthly payment through FACTS. **No payments will be drafted in February, so the after school fee will be divided over 9 months. This amount will be prorated if your child is signed up after August.**

\_\_\_\_\_ One payment due August 1<sup>st</sup>      \_\_\_\_\_ Monthly Payment - FACTS

**Delinquency of monthly payments will result in your student's grades being held and suspension from the after school program. I understand that my student is enrolled for the entire year and by signing I am obligated to pay for the entire year.**

\_\_\_\_\_ Date of Signature  
Parent Signature

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**Emergency Contact Information (Please list at least two numbers):**

<u>Name:</u>	<u>Relationship to Student:</u>	<u>Phone Number:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____