A picture containing icon

Description automatically generated**H O M E O F T H E R A M S**

**Pineville Christian Academy**

**“Training Champions for Christ”**

2720 Hwy 28 East, Pineville, LA 71360 318-321-6484

**PCA Christian Before & Afterschool Care Program**

**2022-2023**

Dear Parents,

In order to plan for the next school year, it would be helpful to us if you would indicate whether you will use our Afterschool Program during the 2022-2023 school year. We provide supervised care until 5:30 each day, except for early dismissal days.

**Extended Day Program *(****Before & After-school care)*

-Available 6:00am to 6:00pm. You MUST register in advance for extended day program. **No Drop Ins** will be allowed! (Please see \***Drop-ins** below)

**Registration fee-** $50 per child (*waived for PCA students*)

Cost to attend with **paid registration fees** (*per student*)

**\*Before school** (6:00a-7:40a) $50 per week (*Includes breakfast*)

**\*After school** (3:00p-6:00p) $50 per week (*Includes snack)*

**\*Before & After** (6:00a-6:00p) $55 per week (*Includes both)*

**\*DROP INS** NO Drop-ins will be ALLOWED during school calendar days. If you are **LATE** picking up your child from school, they will automatically go to extended day program, and you will be charged **$5 for each minute** you are late. Please understand that we must be prepared in advance to care for extra students.

**PLEASE NOTE**: **Drop-Ins will be allowed only on HOLIDAYS**, not school calendar days. HOLIDAY fees will be $115 per child for the week. This includes breakfast, lunch, and snack daily.

**Please provide the following information:**

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Student’s name Grade next year | Student’s name | Grade next year |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Student’s name Grade next year | Student’s name | Grade next year |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s name Home phone Work/Cell phone Email address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Emergency contact/relationship Phone Emergency contact/relationship Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s signature Date

**FULL-TIME AFTERSCHOOL CARE:**

\_\_\_\_I will use the After-school program full-time (5 days per week).

**FULL TIME BEFORESCHOOL CARE:**

\_\_\_\_I will use the Before-school program full-time (5 days per week).

**BOTH FULL-TIME BEFORE/AFTERSCHOOL CARE:**

\_\_\_\_I will use the Before/Afterschool program full-time (5 days per week).

Please return this form as soon as possible. If you have any questions, please call the School Office at 318-321-6484..

***Payments must be kept current in order for students to continue to stay in Before/Afterschool Care.***

***Report cards and/or academic records may be held for non-payment of monthly balance.***