

**DCA After-School Care Program**

**2020-2021**

The DCA After-School Care program will be in effect during all full school days (no half days or snow days) during the 2020-2021 school year. Trena Booth will oversee this program.

**When:** After school from 3:15-5:15 pm

Children are to be picked up no later than 5:30 pm

Elementary students report to after-care by 3:15

Secondary students report to after-care by 3:25

**\*Please note that a $20 late fee will be applied should students be picked up after 5:30.**

**A late fee of $40 will be applied should any student be picked up after 6:00.**

**Where**:

After Care will be divided into pods for the 2020-2021 school year.  Downstairs main building will be used for K-2 After Care.  Upstairs main building will be used for 3rd-6th grade After Care.  The Gym Building classrooms will be used for 7th/8th and 9th-12th After Care

**What:** An After-Care schedule will be given to parents. The schedule will include: study hall time, planned activities, free play time, and more.

**Cost:**

**Fall semester :** $750

I**ndividual days (emergency needs only):** $20.00 per day per child

\*\*There will NOT be a refund for days NOT used.

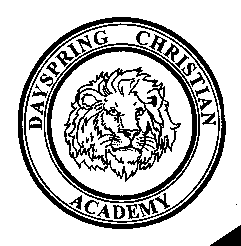
\*For semester payments only, there is a 25% discount for second child and a 50% discount for each additional child.

**To sign up for the DCA After-School Care Program, contact the DCA School Office at 540-552-7777 or** [office.dayspring@gmail.com](mailto:office.dayspring@gmail.com)

Or at the link below:

<http://www.dayspringchristianacademy.org/aftercare.html>

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**DCA After-School Program**

**Agreement Form**

**2020-2021**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to the specified payment arrangements for**

*(Parent Printed Name)*

**after-school care for the following children:**

**Student Name Grade Level**

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

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

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature Date**

**PAYMENT:**

**Pay for fall semester:**

**Fall semester :** $750

I**ndividual days (emergency needs only):** $20.00 per day per child

**\*\*There will NOT be a refund for days NOT used.**

**\*Please note that a $20 late fee will be applied should students be picked up after 5:30.**

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**After-School Care Information Sheet**

**2020-2021**

**Family Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Numbers:**

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(parent/guardian name) (home number) (work number/cell)

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(parent/guardian name) (home number) (work number/cell)

**Provide information regarding medical conditions, allergies, or special needs**

**(Please specify which child).**

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

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**People authorized to pick up your child(ren):**

Name Cell Phone # Work/Home#

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

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