



DCA After-School Care Program 2018-2019

The DCA After-School Care program will be in effect during all full school days (no half days or snow days) during the 2018-2019 school year. Trena Booth will oversee this program.

When: After school from 3:15-5:30 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 \$10 late fee may be applied should students be picked up late.**

Where: Main Room Upstairs (DCA Main Campus) and DCA playground

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: **Pay for the year in advance:**
5 days per week - \$1,100.00

Pay for one semester in advance:
5 days per week - \$600.00

Pay for individual days (emergency needs):
\$10.00 per day per child

Pay for "Bank of Days"

\$180.00 for 20 days

\$260.00 for 30 days

\$300.00 for 40 days

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

*There is a 25% discount for second child and a 50% discount for third child or more for annual/semester payments only.

To sign up for the DCA After-School Care Program, contact the DCA School Office at

540-552-7777 or office.dayspring@gmail.com



**DCA After-School Program
Agreement Form
2018-2019**

I _____ agree to the specified payment arrangements for
(Parent Printed Name)
after-school care for the following children:

Student Name	Grade Level
_____	_____
_____	_____
_____	_____
_____	_____

Parent Signature

Date

PAYMENT OPTIONS (Please choose one option):

Pay for the year in advance:

_____ 5 days per week - \$1100.00

Pay for one semester in advance:

_____ 5 days per week - \$600.00

Pay for "Bank of Days":

_____ \$180.00 for 20 days per child

_____ \$260.00 for 30 days per child

_____ \$300.00 for 40 days per child

Pay for individual days (emergency needs):

_____ \$10.00 per day per child

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

****Please note that a \$10 late fee may be applied should students be picked up late.**

**After-Care Information Sheet
2018-2019**

Family Name: _____

Emergency Contact Numbers:

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

2) _____

**Provide information regarding medical conditions, allergies, or special needs
(Please specify which child).**

People authorized to pick up your child(ren):

	Name	Cell Phone #	Work or Home #
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

***Please note that a \$10 late fee may be applied should students be picked up late.**