



## **DCA After-School Care Program 2022-2023**

The DCA After-School Care program will be in effect during all full school days (no half days or snow days) during the 2022-2023 school year.

**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:** Main Building and Dayspring 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:**

**Fall semester :** \$750

**Individual 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>



**DCA After-School Program  
Agreement Form  
2022-2023**

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**

**Individual 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  
2022-2023**

**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).**

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

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

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

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