

DCA After-School Care Program 2023-2024

The DCA After-School Care program will be in effect during all full school days (no half days or snow days) during the 2023-2024 school year.

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

Children are to be picked up <u>no later than 5:30 pm</u> 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.

What: 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

*For semester payments only, there is a 25% discount for second child

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

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
Or at the link below:

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



DCA After-School Program Agreement Form 2023-2024

	agree to the specified payment arrangements for				
(Parent Printed Name)					
after-school care for the fol	owing children:				
Student Name	Grade Level				
Parent Signature	Date				
PAYMENT: (PLEASE CHEC	CONE)				
Semester payments	semester: \$750 per semester are due by the 25 th of August and the 20 th of January. There wil 25 if not paid by then.				
**Payments fo	nal days (emergency needs only): \$20.00 per day per child individual days will be invoiced at the end of the month. And De				
by the 10 th of the follow or contact office to ma	ing month. There will be a late payment of \$25 if not paid by the arrangements.**	er			
**There will NOT be a refun	for days NOT used.				

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After-School Care Information Sheet 2023-2024

Family Name:				
Emergency Contact Numbers:				
1)				
(parent/guardian name)	(home nu	umber)	(work number/cell)	
2)				
(parent/guardian name)	(home nu	umber)	(work number/cell)	
Provide information regarding m (Please specify which child).	nedical conditions	s, allergies, or	special needs	
People authorized to pick up you	ur child(ren):			
Name		Cell Phone #	Work/Home#	
1)				
2)				
3)				

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