

Crossroads Christian School offers an extended daycare program August through May. Extended Daycare hours are offered before school (6:00am - 7:30am) and after school (2:00pm - 6:00pm).

The following Daycare plans are available:

FULL SCHEDULE - \$1,980 annually (before & after school)	PARTIAL SCHEDULE - \$1,440 annually (<u>after</u> school)
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SCHEDULE OF DAYCARE

Before School Daycare	6:00 - 7:30 a.m.
Kinder After School Daycare	2:00 - 2:15 p.m.
	2:30 - 3:30 p.m.
	3:30 - 6:00 p.m.
Elem/MS After School Daycare	2:30 - 2:45 p.m.
	2:45 - 3:30 p.m.
	3:30 - 4:30 p.m.
	4:30 - 6:00 p.m.

Please remember to sign your child out daily!

Indoor Play
Kindergarten Check-In
Snack & Outdoor Play (weather permitting)
Indoor & Outdoor Activities
K-5 Check-In and Snack
Homework Rooms / MS Check-In @ 3:00p.m.
Indoor & Outdoor Play (weather permitting)
Indoor Play and Activities

LATE PICK UP FEE ~ Starts at 6:00 p.m.

\$1.00 PER MINUTE / PER CHILD

After three offenses, the fee will be \$5.00 per minute.

All late fees will be automatically withdrawn from your EFT on your next billing cycle via FACTS.

If you are not set up to have funds electronically transferred from your banking institution for incidental billings, you will be invoiced.

Five (5) late pick-ups may result in suspension of the Daycare Contract.

A daycare contract is required for **each student** entering the daycare program **each school year**.

- Credit is **not** issued for days not used due to illness, vacation, or early pickup.
- If payment is not received by the end of the second week, the child can be dropped from the daycare program and a \$40 late fee will be assessed.
- If you need to change or cancel your daycare schedule, you **must** complete a **"Change of Daycare Contract"** form. Changes to schedule can only be made on the 1st of the month and must be received in the office by the 25th of the previous month to allow time for processing.
- Daycare charges will appear on your FACTS account and withdrawn pursuant to the method of payment you chose for tuition.

MINIMUM DAYS

- On minimum days, Daycare is available for students with an active contract. If a student does not have an active contract, you will be charged a \$30 Drop-In fee and this will be added as an incidental charge in FACTS.

DROP-IN RATE

- Exceeding your contract days will result in being charged an incidental charge according to the Drop-In Daycare Fee Schedule.

Daycare will not be offered on days when school is not in session.
(Check school calendar for dates.)



DAYCARE CONTRACT 2018 - 2019

Start Date _____

- NEW CCS STUDENT
- RETURNING STUDENT (K-8th)

Student's Last Name: _____

Please Check One Plan:

<input type="checkbox"/> FULL SCHEDULE - \$1,980 annually Billed June - May	<input type="checkbox"/> PARTIAL SCHEDULE - \$1,440 annually (after school) Billed June - May
(before & after school)	M T W TH F

DROP-IN RATE POLICY: [All Parents MUST initial acknowledgement regardless of plan.]

_____ Parent acknowledges that if student uses any additional days that are not included in this Daycare Contract, the parent will be charged a Drop-in Rate of \$30.00 per day.

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LATE PICK UP FEE POLICY: [All Parents MUST initial acknowledgement regardless of plan.] {Starts at 6:00 p.m.}

_____ Parent acknowledges that late pick up starts at 6:00 p.m. and is \$1.00 per min/per child. After three offenses, the fee will be \$5.00 per min/per child. Five (5) late pick-ups may result in suspension of the Daycare Contract. All late fees will be automatically withdrawn from your EFT on your next billing cycle via FACTS. If you are not set up to have funds electronically transferred from your banking institution for incidental billings, you will be invoiced.

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Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

PLEASE PRINT:

Parent Name: _____ Phone Number: _____

Email: _____

I have read and agreed with the Crossroads Christian Schools 2018-2019 Daycare Information.

Parent Signature: _____ Today's Date: _____

Print Parent Name: _____

PAYMENT INFORMATION:

Charges will appear on your FACTS account and withdrawn pursuant to the method of payment you chose.

\$ _____ # of Months _____ \$ _____
 Annual Amount Monthly Payment Begins Monthly amount

_____ (Initial) **Cancellation Policy:** This authorization will remain in effect until Crossroads Christian Schools has received written notification from me and has had the opportunity to act on it (at least 5 banking days).

Payer Signature

Date