



## After School Care

Dear Elementary Parents,

The After School Care (ASC) program at Aletheia Christian Academy is a service provided to our elementary families and faculty. It is our intent to provide a safe and loving environment to children in our care at a nominal fee. Here are the details:

- Registration fee **AND** signed forms are due **before any child can attend**; Fee is \$10 annually per family, payable to ACA with ASC in memo, if writing a check. Fees and forms can be turned in at the front office or given to your child's teacher. If you need to pay with credit card, please ask for Sandi Breitling at 969-0088.
- Signed forms include emergency contact information and identification of those given parental permission to pick up your child. **NO ONE MAY PICK UP YOUR CHILD WHO IS NOT ON THE LIST.** Any person picking up your child may be required to show a valid photo ID.
- ASC is available from 3:00 p.m. - 6:00 p.m. and 11:45 a.m. - 6:00 p.m. on half days.
- There is a \$25 late fee for any child picked up after 6:00 p.m., in addition to the hourly rate.
- Snack is included daily or your child may bring their own snack. **Please indicate on the registration forms if your child has any allergies.** LUNCH IS NOT PROVIDED ON HALF DAYS, AND MUST BE SENT IN WITH THE CHILD.
- Hourly rates for ASC are attached; there is a discount for multiple children.
- Electronics are not permitted, and should not be brought to school. Phones must be left in bags and can only be used for communication with parents at the ASC caregiver's discretion.

**PLEASE NOTE:** Elementary dismissal is from 2:40 to 3:00 p.m.. ASC begins promptly at 3:00 p.m. If you are late, your child will not be sent to the office, but will be sent to ASC. **If your child is not registered, and you are late for normal dismissal, you will be charged the \$10 registration fee plus \$5 per child for any portion of the first hour, and \$5 per child per hour for any additional hours. This will be billed to you at the end of the month and included in your financial account with us.**

If your children do not attend ASC on a regular basis but you need for them to attend a certain day(s), please call the office so that we can make sure to have adequate staff available.

Our ASC caregivers are Jerri Simmons and Kate Hansen, and they truly have a love for the Lord and for children. They strive to make this a fun and safe environment for your children. Thank you for the honor of your trust as we strive to meet the needs of our families.

Sincerely,  
Kristie Hansen  
K5 Teacher and ASC Supervisor  
[khansen@acalions.org](mailto:khansen@acalions.org)

mrw 7/11/2019

# Aletheia Christian Academy After School Care Registration and Medical Release Form

School Year: \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Home Phone \_\_\_\_\_ Does child live with both parents? \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

Address \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Emergency Contact\* \_\_\_\_\_ Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_ (cell) \_\_\_\_\_

\*Relationship to child: \_\_\_\_\_

*\*Please be advised that a picture I.D. will be required to identify this person.*

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Phone \_\_\_\_\_

Account Number \_\_\_\_\_ Group Number \_\_\_\_\_

What is your preference of hospitals in our local area in the event emergency medical attention is necessary? \_\_\_\_\_

\_\_\_\_\_ Date of last DPT or Tetanus \_\_\_\_\_

Allergies (medications, food, etc.) \_\_\_\_\_

My child will be attending: Drop In \_\_\_\_\_ Monthly \_\_\_\_\_ Weekly \_\_\_\_\_ Hourly \_\_\_\_\_ Days per week \_\_\_\_\_

**(For Office Use Only) ----**

\$10 Family Reg. Fee Rec'd Date: \_\_\_\_\_

ck# \_\_\_\_\_

### Waiver of Liability

I hereby give authorization for my child, \_\_\_\_\_, to attend After School Care at Aletheia Christian Academy between the hours of 3:00 and 6:00pm on weekdays, and all authorized half days. I authorize Aletheia Christian Academy's After School Care Program to administer medication at my request and to take necessary steps in case of an emergency for the health and well-being of my child. I fully understand that After School Care will administer care and concern for my child and I hereby release Aletheia Christian Academy or any of its agents or care givers from any liability concerning my child during the normal course of operation. If there is any sport or playground activity that I specifically do not want my child to participate in during the hours of operation of the After School Care Program due to the risk of injury to my child, I am listing said activity at this time:

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date