



After School Care for High School

Dear High School Parents,

The After School Care (ASC) program at Aletheia Christian Academy is a service provided to our 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.
- High school ASC is available from 3:00 p.m.— 5:00 p.m. Students who need to stay until 6:00 p.m. will join the elementary after school care provider until they are picked up.
- There is a \$25 late fee for any child picked up after 6:00 p.m., in addition to the hourly rate.
- Hourly rates for ASC are attached; there is a discount for multiple children.
- Use of electronics is not permitted, and students can use phones only for communication with parents at the ASC caregiver's discretion.

PLEASE NOTE: High School dismissal is from 3:00-3:15pm. ASC begins promptly at 3:00. 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.**

Homework Club: \$5 each session on **TUESDAYS AND THURSDAYS ONLY** from 3:15 p.m. - 4:00 p.m.; will take place in Mrs. Dobson's room.

After School Care: \$5 for any portion of the first hour; \$5 per hour after that; discount offered for multiple students in family; will take place in Mrs. Wagner's classroom **UNTIL 5 P.M. ONLY.**

Sincerely,

Kristie Hansen
K5 Teacher and ASC Supervisor
khansen@acalions.org

kh 7/28/2020

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