



# Atlantic Shores

CHRISTIAN SCHOOL

## ***EXTENDED CARE 2020-2021 School Year***

ASCS offers before and after school care for students in K3 through the sixth grade.

<b>Morning:</b>	<b>K3-K5 6:30 – 8:15 A.M. (Monday-Friday)</b>	<b>\$30.00 per week</b>
	<b>K3-K5 drop off after 7:45</b>	<b>\$10.00 per week</b>
	<b>1st-6th 6:30-7:45</b>	<b>\$30.00 per week</b>

<b>After School:</b>	<b>3:10 – 6:00 P.M. (Monday-Friday)</b>	<b>\$45.00 per week</b>
----------------------	---	-------------------------

Fees will be billed weekly and added to your RenWeb Account. Payments are due immediately upon posting of bill on RenWeb (see RenWeb for billing amounts and for making payments). Students who attend any part of a week are responsible for that week's charge. Students attending days that school is closed and extended care is offered will pay an additional \$20.00 per student per day. Half days will not be an additional charge. *If a student is picked up late, there is a \$1.00 fee per minute, per child for the first time there is a late pick-up. After the first late pick-up there will be a \$5.00 fee per minute, per child for every late pick-up thereafter.* Any family whose account has a balance due beyond 30 days from the billing date will be asked to discontinue use of the Extended Care service until their account is made current.

### **EXTENDED CARE – FILL OUT ONE PER CHILD**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Is your child on any prescribed medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain \_\_\_\_\_

#### **EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

#### **PEOPLE AUTHORIZED TO PICK CHILD UP:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

#### **HOURS NEEDED: (please circle appropriate time)**

**Morning: 6:30 A.M. – 7:45 A.M.**

**Morning: 7:45 A.M. - 8:15 A.M.**

**After school: 3:15 P.M. – 6:00 P.M.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date