



## Afterschool Care Program

Cornerstone Christian Academy (CCA) provides an afterschool program for parents unable to pick up their children at the end of the school day. The program is designed for students that are currently enrolled at CCA. Students are provided the opportunity to enjoy a snack, recess, complete their homework, and engage in age-appropriate activities such as games, crafts, and more.

### Hours:

2:45 PM – 5:30 PM (school days only)

**\*Students not picked up by 5:30 PM will be charged a \$10 late fee for the 1<sup>st</sup> 5-minutes, and \$1 per minute thereafter.**

### Fee & Payment:

One-day rate (pick-up anytime between 2:45 – 5:30 PM)	\$25
Weekly Rate (pick up after 3:30 PM)	\$40
Yearly Rate (3% discount if paid in full by August 8 <sup>th</sup> ) (non-refundable)	\$1,440

Afterschool Care is billed monthly. Please submit your payment to the school office with written indication of the payment purpose (Afterschool Care).

### Safety, Rules & Security

- We strive to provide a safe and enjoyable daycare program. To ensure your child's safety, you will be required to sign your child out when picking him/her up.
- Cornerstone must be notified if someone other than a designated person is to pick up your child. A state-issued picture ID will be required for pick up.
- Please notify CCA of any phone number changes. In the event your child is sick or injured, you will be contacted with the numbers provided.
- Rules that apply during the school day also apply during Afterschool Care (including no electronic devices). If your child misbehaves, appropriate action will be taken. Minor offenses will result in time-out and parents will be informed. Major offenses will result in a warning letter or possible suspension from Afterschool Care. If major offenses continue, your child will not be permitted to attend Afterschool Care.



## Release of Liability

I, the undersigned, hereby grant my child, \_\_\_\_\_, permission to participate the Cornerstone Christian Academy. By my signature, I hereby release and hold harmless Cornerstone Christian Academy and individual sponsors, including teachers, staff members, and administrators from all liability, from mishap or injury to my child while engaged in school-related activities. It is understood that extensive precautionary measures will be taken during all school-related activities.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, hereby approve emergency treatment

by the hospital and/or physician for my child. I agree to pay the bill for medical treatment either personally or through my insurance company.

\_\_\_\_\_  
Primary Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Insurance Company Address

I hereby authorize any member of the school staff to further consent to emergency treatment for my said child and to sign such consents, authorization for treatment, and agreements to pay as are reasonably necessary to obtain such treatment. In case of accident or illness, I request the school contact me. If the school is unable to reach me when my child is sick and he/she is unable to remain in school, I request that one of the persons listed as an emergency contact be allowed to care for my child until I can be reached.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date