

HIGH POINT CHRISTIAN ACADEMY
PRESCHOOL Extended Care REGISTRATION 2018-2019
Ages 18 months- 4 years

Student's Name: _____ Age: _____

Mother's Name: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Work Phone: _____ Cell Phone: _____

Registration Fee: \$30/student (non-refundable, due upon registration)
Availability based upon first come, first served

AFTERSCHOOL TUITION RATES:

Daily Rate: 12:00 – 2:30 \$17/day
 12:00 – 4:00 \$26/day
 12:00 – 6:00 \$38/day

Monthly Rate:

	2 days/week	3 days/week	5 days/week
12:00 – 2:30	\$85/month	\$110/month	\$145/month
12:00 - 4:00	\$110/month	\$150/month	\$205/month
12:00 - 6:00	\$165/month	\$235/month	\$325/month

(Rates are subject to change based on enrollment)

If your students attend afterschool and you pay a **monthly rate**, the charges will need to be paid with your monthly tuition. The first payment will be due September 2018 and the final payment will be due May 2019.

HPCA will send out monthly billing statements to students who use afterschool on a **daily basis**. The payment is due upon receipt of the statement. If the afterschool fees are not paid by the due date on the statement, a \$30 late fee will be assessed. Payments are to be brought or mailed to the school office.

LATE CHARGE:

A late fee is charged for children not picked up by their designated time. Failure to pick up your child on time will result in a charge of \$1.00 for each additional minute. You will be billed from the school office. **It is imperative that you always arrive on time.**

My child will attend the PS Afterschool Care: ___ Daily or Monthly: indicate below on schedule
 Monthly:

___ 2 days/week 12:00-2:30 ___ 2 days/week 12:00-4:00 ___ 2 days/week 12:00-6:00
 ___ 3 days/week 12:00-2:30 ___ 3 days/week 12:00-4:00 ___ 3 days/week 12:00-6:00
 ___ 5 days/week 12:00-2:30 ___ 5 days/week 12:00-4:00 ___ 5 days/week 12:00-6:00

Approximate time student will be picked up from school: _____

List any food allergies: _____

*Please note: **HPCA preschool and afterschool are nut-free environments.**

The following people have permission to pick up my child:

Name _____ Phone number: _____

Name _____ Phone number: _____

Name _____ Phone number: _____

Signature of Parent or Guardian

Date
