

New Life Christian Academy After-School Care Program

Dear Parents,

The After-School Care Program is available to all NLCA students Pre K – 6th grade. The After-School Care Program will be directed by Mrs. Brandi Parks. She has more than ten years of professional child-care experience and currently serves as an Elementary Aid at NLCA.

The After-School Program will run from **3:00-6:00 pm Monday – Friday** and will be held in the cafeteria, old gymnasium and computer room/library. Students will be offered homework assistance and will participate in small/large-motor activities, crafts, games and other fun activities. Snacks and drinks will be served.

Parents of all NLCA students Pre K- 6th grade are encouraged to enroll in the After-School Care Program whether or not they will be using the program on a regular basis. This will allow our program staff to keep student information on file in the event a parent has an unexpected delay and is unable to pick a child up after school. In that event, the student will be placed in after-school care until the parent arrives. All participating families will sign an agreement verifying they will abide by the following guidelines:

1. A fee of \$5.00 per hour for the first child and \$2.00 for each additional child per family will be charged for services provided. The hourly fees are calculated to the nearest 15 minute increment with a \$5.00 minimum charge.
2. Because everyone's time is valuable, an additional \$5.00 per 15 minute increment will be added for services provided past 6:00 pm.
3. Payments shall be made to NLCA with statements handed out with the lunch bills and are due by the 7th of each month.
4. A daily time log will be kept on file for each student participating. The parent or adult responsible for your child's transportation will be asked to sign your child out each day. Childcare will not be available on non-school days and early releases due to inclement weather.

5. Students will only be dismissed with those adults listed on the participation agreement. The adult's name, phone number, and relation to the student must be listed. Anyone picking up your child should be prepared to show proof of identity with current photo I.D., if requested. If changes are necessary, a verifiable phone call (and hand written note when possible) must be made to the staff. Please understand this precaution is for your child's safety.
6. **An application must be filled out, signed, and returned to NLCA** , stating which days you will be using the After-School Care Program. Parents are requested to notify the school by 12:00 noon if their child will not be attending on their regularly scheduled day.
7. If you know you will be late, please call the NLCA After-School Care Program staff to alleviate any worries. You may contact the main NLCA telephone number at (304) 872-1148 prior to 3:00 pm or you may reach Mrs. Parks by cell at (304) 619-0850 after 3:00 pm.

**New Life Christian Academy After-School Care Program
Participation Agreement**

(Please complete one Agreement per student)

Student Name and Grade: _____

Parent(s)/Guardian(s): _____

Student Address: _____

Phone Number(s) of Parent(s)/Guardian(s): _____

I, _____, desire that my child, _____, participate in the NLCA After-School Care Program. I have read and agree to abide by the guidelines set forth and desire to have my child participate on the following days. I understand I am responsible for paying fees associated with my child's participation in the After-School Program and agree to do so in a timely and appropriate manner.

Parent/Guardian Signature Date

My child will participate regularly during the days and times indicated below:

<u>Day</u>	<u>Estimated Pick Up Time</u>	<u>Comments</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Occasionally	_____	
Only in an emergency	_____	

*If you want your child released to an after-school activity such as gymnastics, please indicate the days and release times under "Comments".

EMERGENCY INFORMATION

Indicate by numbering below, the order in which the school should contact you if necessary.

____ Residence _____ Phone _____

____ Father's Employment _____ Phone _____

____ Mother's Employment _____ Phone _____

____ Name of Closest Relative _____ Phone _____

____ Other _____ Phone _____

MEDICAL INFORMATION

Name of Child's Physician _____

Medical Conditions or Allergies _____

Does your child have any physical restrictions? _____

ADDITIONAL INFORMATION

Person[s] authorized to pick up children: list name, phone number & relation to student

1. _____

2. _____

3. _____

Emergency Medical Treatment Authorization:

In the event of a medical/dental emergency, I give the NLCA After-School Program staff permission to seek medical attention for my child and agree to be responsible for any medical charges incurred as a result of the medical attention sought.

Parent/Guardian Signature

Date

WEB RELEASE FORM

As a participant of New Life Christian Academy's After- School Care Program, sometimes your child may have photographs taken of him or her. Many times we like to use these photographs in ways such as, but not limited to the following: the Internet, brochures, and CD-ROMs.

It is the policy of NLCA to not identify the name or initials of any student in the materials it publishes for the public.

*If you permit the staff of NLCA's After-School Care Program to use, produce, and/or display your child's photographs please **sign below** and **return this paper with the After-School Care Program Participation Agreement***

Student Name _____

Parent Name _____

Parent Signature _____

Date _____

***If at any time your desire for the usage of your child's photographs changed, please notify us in writing. ***