

HCA After-Care Program

Please keep this page for your information.

Hours of Operation:

7:00 – 8:00 AM

3:15 – 6:00 PM

Supervised Before School Care

Supervised After School Care

Full Time Weekly Rates:

(A) AM Care Only

(B) PM Care Only

(C) PM Care Only

(D) AM and PM Care

(E) Half-Day Care

Prices are per student.

7:00 AM to 8:00 AM - \$35 per week

3:15 PM to **4:30 PM** - \$45 per week

3:15 PM to **6:00 PM** - \$60 per week

\$75 for either pick-up time

School set half days: 11:45–6:00 PM – add \$14 to weekly rate

Drop-In Rates:

(F) AM Occasional Drop-In

(G) PM Occasional Drop-In

(H) PM Occasional Drop-In

(I) AM and PM Occasional Drop-In

(J) Half-Day Drop-In

(K) Half-Day Drop-In

Please call 48 hours in advance for availability.

Prices are per student.

7:00 AM to 8:00 AM - \$12.00 per day

3:10 PM to **4:30 PM** - \$15.00 per day

3:10 PM to **6:00 PM** - \$22.50 per day

\$27.00 per day for either pick-up times

11:45 AM to **3:30 PM** - \$35.00 per day

11:45 AM to 6:00 PM - \$47.50 per day

Questions / Answers

Who?

For HCA families that need a different drop-off / pick-up time for their K-8th grade students.

When?

Five days a week when school is in session. No After-Care is available during school holidays and summer vacation.

What do students do?

Supervised play, homework time, crafts, snack / rest-time.

A small snack is provided, but students are welcome to eat food brought from home, too. **Due to allergies, PLEASE DO NOT BRING PEANUTS OR PEANUT PRODUCTS!**

Enrollment Process:

Parents select the plan and send completed enrollment and medical release to the HCA office. If you choose the Occasional Drop-In, you must call the school 24 hours in advance to insure availability for your child.

How do we keep track?

Parent signs student in or out during pick-up and drop off. Only people on the registration form are allowed to pick-up student(s). Child-care provider may ask for & photo-copy identification.

How do we pay?

After-care will be billed to your HCA account and must be current to keep your student enrolled in After-care.

What about emergencies?

During office hours, contact the school at (970) 494-1022

After hours: Monica's cell at (970) 988-5579

After hours: Amelia's cell at (970) 689-9559

After-Care Billing Policy

The primary objective of Heritage Christian Academy’s After-Care program is to assist working parents who need care of their student(s) in order to bridge the gap of time required for them to be to work on time and/or until they are off from work. A drop-in service is provided on a “space available” basis for those parents who need our program occasionally. Students enrolled in the full-time program have priority and will be guaranteed a reserved position. Families will be billed monthly on their Heritage statement. Following is a description of how the After-Care service will be billed.

Full Time Weekly Rates:

Prices are for each student.

- | | |
|-----------------------|--|
| (A) AM Care Only: | 7:00 AM to 8:00 AM - \$35 per week. |
| (B) PM Care Only: | 3:15 PM to 4:30 PM - \$45 per week. |
| (C) PM Care Only: | 3:15 PM to 6:00 PM - \$60 per week. |
| (D) AM and PM Care: | \$75 for either pick-up times. |
| (E) Half-Day PM Care: | School set half days: 11:45–6:00 PM – add \$14 to weekly rate. |

- Families enrolled for three or more reserved days each week will be billed the full time weekly fee rate for the whole week.
- Families enrolled for the 4:30 pick up time will be charged a late fee of \$5.00 if the child is picked-up later than 4:35; up to the weekly rate total of \$60 per week.
- Students picked up later than 6:00 will be charged an additional \$5.00 late pick-up fee, plus \$1.00 for every minute after 6:05 PM, not to exceed \$60.00/day. This late fee will be added to your monthly statement.
- School weeks that are shorter than the average five days due to holidays, teacher in-service, conferences, child’s illnesses, starting or stopping the After-care services, etc. will be pro-rated for the number of days school is in session for the shortened week.
- Families that only require a reserved position one or two days each week will be billed according to the drop-in fee schedule.
- After-Care services will be billed to your HCA account and must be current to keep your student enrolled in the After-Care program.

Drop-In Fees:

Prices are for each student

- | | |
|----------------------------------|--|
| (E) AM Occasional Drop-In | 7:00 AM to 8:00 AM - \$12.00 per day. |
| (F) PM Occasional Drop-In | 3:15 PM to 4:30 PM - \$15.00 per day. |
| (G) PM Occasional Drop-In | 3:15 PM to 6:00 PM - \$22.50 per day. |
| (H) AM and PM Occasional Drop-In | \$27.00 per day for either pick-up times. |
| (I) Half-Day Drop-In | 11:45 AM to 3:30 PM - \$35.00 per day. |
| (J) Half-Day Drop-In | 11:45 AM to 6:00 PM - \$47.50 per day. |

- Drop-in care will be on a space available basis. A reservation will need to be made with the office **by 4:00 PM the day before service is needed** to assure our staff to student ratio is manageable. There is no guarantee that space is available without a reservation.

I agree to all the terms and conditions outlined in this billing policy and registration.

Name of person responsible for payment: _____

Date: _____ Signature: _____

Before-Care/After-Care Registration

Date: _____

Child's Name(s): _____ Parent/Guardian: _____

Address _____ Birth date _____

City _____ State _____ Zip code _____ Home Phone # _____

Contact phone numbers (Circle the one to call first):

Dad's work # _____ Cell # _____ Mom's work # _____ Cell # _____

Please indicate days that before/after care is needed:

Before-Care: Monday Tuesday Wednesday Thursday Friday Estimated drop off time : _____

After-Care: Monday Tuesday Wednesday Thursday Friday Estimated pick-up time: _____

In case of emergency, and parents cannot be reached, please call in order:

1. _____ Phone # _____

2. _____ Phone # _____

Any individuals NOT PERMITTED to pick-up your child: _____

Names of others authorized to pick up student:

Name	Relationship	Phone #
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_____	_____	_____
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Special medical considerations, allergies, restrictions, or concerns: _____

Physician's Name _____ Phone # _____

Address _____

Dentist's Name _____ Phone # _____

Address _____

____ Yes, my child has a current MEDICAL RELEASE form filed in the office which gives HCA staff members permission to authorize medical treatment in case of emergency when parents cannot be reached.

Billing policy needs to be filled out on the back of this page. 