



NEW BUNDLING OPTIONS BEING OFFERED FOR THE AFTER SCHOOL PROGRAM!!!

CCA offers a bundled price to families of 1st – 8th graders that use our After School Program either 3, 4 or 5 days per week. This is already being offered to our K3-K5 families. The bundled price will offer a 10% discount for those who choose to bundle their ASP fee with tuition payment ANNUALLY, by SEMESTER, or by adding it to your monthly FACTS payment.

There is a \$50 registration fee due for all students that is NOT included in the bundled price.

There will be no refunds for days missed. Late pick up fees would still apply and be billed separately. The regular rate is \$70.00/week or \$15.00/day on a drop-in basis.

AFTER SCHOOL PROGRAM FEES

	<u>Monthly/FACTS</u>	<u>Per Semester</u>	<u>Annually</u>
<u>3 DAYS/WEEK</u>			
REGULAR RATE	\$162.00	\$810.00	\$1,620.00
*BUNDLED DISCOUNTED RATE	*\$146.00	*\$729.00	*\$1,458.00
<u>4 DAYS/WEEK</u>			
REGULAR RATE	\$216.00	\$1,080.00	\$2,160.00
*BUNDLED DISCOUNTED RATE	*\$194.00	*\$972.00	*\$1,944.00
<u>5 DAYS/WEEK</u>			
REGULAR RATE	\$252.00	\$1,260.00	\$2,520.00
*BUNDLED DISCOUNTED RATE	*\$227.00	*\$1,134.00	*\$2,268.00



Cumberland Christian Academy After School Program

The Cumberland Christian After School Program is offered as a service to CCA families. The After School Program is available for CCA students in grades K-3 through middle school.

LOCATION

The After School Program is offered at the lower and middle school locations. The middle school ASP program is under the direction of Tim Hemphill.

SCHOOL CONTACT INFORMATION

The program is directed by our Elementary/Kindergarten Extended Day School Program leader, Gloria Howard.

Elementary/Kindergarten phone number: 678-426-1600

After School Program phone number: 678-426-1600

Mailing Address: 2356 Clay Road, Austell, GA 30106

DAYS AND HOURS OF OPERATION

The Cumberland Christian After School Program operates Monday – Friday from 3:00 – 6:00 pm, Pre-School 2:30 – 6:00, on regular school days. The program never operates on weekends, school holidays or early release days.

FEES AND PAYMENT PROCEDURES

There is a \$50 application fee for all students, that is NOT included in the bundling fee, due at time of registration.

The fee for the After School Program is \$70 per week or \$15 per day on a drop-in basis or for weeks that include a school holiday.

The After School Program is a **PREPAID** program. **Payment for the entire week must be received by Monday morning for the current week.** Failure to do so may result in dismissal from ASP.

The fees for late pick-ups are \$5.00 per every 15 minute segment after 6:00 PM.



Cumberland Christian Academy After School Program Application

PAYMENT OPTIONS (please check one)

All families must pay a **\$50.00** registration fee per child. (**This fee is not included in the bundled price**)

Annual Payment

I would like to add my ASP payment for (**circle one** - 3, 4 or 5 days/week), at the 10% discounted rate, to my ANNUAL TUITION PAYMENT.

Semester Payment

I would like to add my ASP payment for (**circle one** - 3, 4 or 5 days/week), at the 10% discounted rate, to my SEMESTER TUITION PAYMENT.

Monthly through FACTS

I would like to add my ASP payment for (**circle one** - 3, 4 or 5 days/week), at the 10% discounted rate, to my MONTHLY FACTS TUITION PAYMENT.

Weekly Payment

I will prepay weekly, or on a drop in basis, at the regular ASP rate.

Parent's Name

Child's Name

Signature



Cumberland Christian Academy

Child's physician or Clinic's name (Child's primary health source)

Name _____ Phone # _____

List any special needs

List all medications prescribed for long-term use

List all pre-existing conditions, allergies, and health concerns _____

Parental agreements with Cumberland Christian Academy After School Program

1. Cumberland Christian Academy After School Program agrees to provide after school care on regular school days, excluding early release days beginning at the end of the child's school day until 6:00 pm. An afternoon snack will be provided.
2. Before any medication is dispensed to my child, I will provide a written authorization, which includes, name of child, name of medication, prescription number, if any, dosage, date and time of day medication is to be given. Medicine must be in the original container with my child's name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by the parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. phone numbers, work location, emergency contact, physician, health status etc.
5. Cumberland Christian Academy agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
6. I have received a copy and agree to abide by the policies and procedures for Cumberland Christian Academy.

Emergency Medical Authorization

Should _____ (child's name) suffer an injury or illness while in the care of Cumberland Christian Academy and the facility is unable to contact me, the school shall be authorized to secure such medical attention and care for the child as may be necessary. I agree to keep CCA informed of changes in telephone numbers, etc. where I can be reached.

Signature

Date