

BURGE TERRACE CHRISTIAN SCHOOL

Indianapolis, Indiana

2021-2022 AFTER-SCHOOL CARE RESERVATION FORM FOR GRADES 1-6

Please note that this form is needed from every family.

Burge Terrace Christian School offers a quality after school program to assist working parents with their child care needs. In order to ensure the safety of every child, no student may be unsupervised in the building at any time. Our after school care program runs from 3:45 until 6:00 pm. Because we need to cover staffing expenses, daily fees are billed for occasional use regardless of the number of hours or minutes checked in. Monthly rates cannot be adjusted for absence, family vacation, or change of work schedule. If changed work schedules result in a change of status, please notify the school office immediately so billing can be adjusted. Monthly installments for the full time program are not adjusted when students are involved in extracurricular activities or rehearsals.

Students must be picked up by 6:00 pm. A late pick-up fee of \$5 per child for every 10 minutes or portion thereof may be billed. Fees are assessed as follows:

1. Full time – \$1,400 per year (Payable in 10 monthly installments, this amount will be added to your monthly tuition bill.)
2. Daily – \$11 (For occasional use only, attendance is taken and charges are added to the subsequent monthly invoice.)

Please list the children in your family who are enrolled in grades 1-6, and indicate your after school care preference.

	Full Time	Daily (Occasional)
Student Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Student Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Student Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Student Name _____	<input type="checkbox"/>	<input type="checkbox"/>

I understand that I am responsible for all fees incurred for after school care. Payments are due in the amount and on the schedule listed above. If I choose to use the after school care program on an occasional basis, I will notify the school office **no later than noon** on the designated day. My signature certifies that I understand the school's after care fee schedule.

Signature of Person Assuming Responsibility

Date