



**Aftercare Agreement**

This agreement is entered into between **Providence Christian Academy (PCA)** and \_\_\_\_\_ (Name of Parent/Guardian) for the provision of after school care services for the child named below.

**A. Child's Information:**

- Child's Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_
- Allergies/Medical Condition: \_\_\_\_\_  
\_\_\_\_\_

**B. Emergency Contact Information:**

1. Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_



(904)-454-1274



[www.providencewarriors.org](http://www.providencewarriors.org)



[office@providencewarriors.org](mailto:office@providencewarriors.org)



17356 US Hwy 301 N., Starke, FL. 32091





**C. Services Provided:**

1. After-school care is available on regular school days during the academic year.
2. Aftercare hours will be from 2:45 pm to 5:30 pm.
3. Care will include:
4. homework assistance
5. snack time
6. outdoor play
7. indoor activities
8. Aftercare will not be provided on scheduled half-days or scheduled holidays off.

**D. Payment and Fees:**

1. There is a weekly fee of \$70.00 for the first child and \$50.00 for each additional child.
2. Payment *must* be paid in **advance** (the Friday before) and is **non-refundable**.
3. Failure to pay in advance for the upcoming week will result in the denial of services for that week.

**E. Attendance and Absences:**

1. \_\_\_\_\_ (*child's name*) is expected to attend the aftercare program regularly.
2. Days absent will **not** be refunded.

**F. Health and Safety:**

1. It is the Parent/Guardian's responsibility to notify PCA of any changes regarding the Child's health, medical conditions, allergies, or medications.
2. Providence Christian Academy will take the necessary precautions for the health and safety of the Child.
3. In case of an emergency, PCA will contact the Parent and follow emergency procedures.
4. The Parent/Guardian authorizes Providence Christian Academy to seek medical treatment for \_\_\_\_\_ (*child's name*) in case of emergency.

**G. Pick-up Policy:**

1. The Parent/Guardian or an authorized adult listed in the Emergency Contact Information *must* pick up the child promptly at or before 5:30 pm.
2. If the Parent/Guardian is unable to pick up the child, they must notify PCA and provide details of the authorized adult.
3. PCA will **not** release the child to anyone not listed in the Emergency Contact Information without prior authorization.
4. There is a \$25.00 late pick-up fee due upon pick-up after 5:30 pm.
5. Excessive late pick-ups will be denied after-care services.





**H. Behavior and Discipline:**

1. Your child is expected to follow the rules and guidelines set by PCA.
2. PCA will use positive reinforcement and redirection for behavior management.
3. If disciplinary action is needed, the Parent/Guardian will be notified and involved in discussing appropriate measures.

**I. Termination:**

1. Providence Christian Academy reserves the right to terminate services immediately in case of non-payment, unacceptable student behavior, unacceptable Parent/Guardian behavior, or safety concerns.

**Agreement:**

By signing below, the Parent/Guardian acknowledges that they have read, understood, and agree to the terms and conditions outlined in this Aftercare Agreement.

*Parent/Guardian Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Provider Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_



(904)-454-1274



[www.providencewarriors.org](http://www.providencewarriors.org)



[office@providencewarriors.org](mailto:office@providencewarriors.org)



17356 US Hwy 301 N., Starke, FL 32091

