



SUFFOLK CHRISTIAN ACADEMY

(757) 809-6606 (Lower School Campus)

(757) 538-7151 (Upper School Campus)

2024-2025

Extended Care Program

Registration Fee

New and Returning
Students: \$60.00 per
student/per year

Payment Method: _____

Date: _____

STUDENT REGISTRATION

STUDENT NAME #1	Grade Level	Nickname	Sex
STUDENT NAME #2	Grade Level	Nickname	Sex
Address		Home Phone:	
If child attends an after school program, please list the name and time/day of program (ex. sports, piano lessons, gifted class, etc):		Date(s) of Birth: #1: _____ #2: _____	
Parent(s) Email Address: #1: _____ #2: _____		Pertinent Medical Information:	

PARENT/GUARDIAN INFORMATION

Father Name	Place Employed	Work Phone:
Home Address		Cell Phone:
Mother Name	Place Employed	Work Phone:
Home Address (If different than above)		Cell Phone:
Legal Guardian (If different than above)		

STUDENT PICKUP LIST

Authorized Person(s) to Pick Up Child:	1. _____	2. _____
3. _____	4. _____	5. _____
NOT Authorized Person(s) to Pick Up Child*:	1. _____	2. _____
3. _____	4. _____	5. _____

** Appropriate paperwork such as custody papers shall be attached if a parent is NOT allowed to pick up child.

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FAMILY MEDICAL CONSENT INFORMATION

To Whom It May Concern:

I, _____, parent or legal guardian of
child's name 1. _____ 2. _____ 3. _____

Do hereby give my consent to any hospital, paramedic, etc to administer the necessary treatment to my child in the event of an accident or serious illness. In addition, I give consent to the staff of Suffolk Christian Academy to transport my child by ambulance at my expense, if the situation warrants it. I also agree to inform the center within 24 hours or the next business day after my child or immediate family member of the household develops any reportable communicable diseases, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. I will arrange to have my child picked up as soon as possible if requested by the center due to illness.

Signature of Parent/Guardian

Date of Signature

**** If there is any objection to seeking emergency medical care, a statement should be obtained from the parent/guardian that states the objection and the reason for the objection.**

EMERGENCY INFORMATION

Allergies or Intolerance to Food: _____ _____ _____		Medicines Regularly Taken: _____ _____
Child's Physician: _____ _____		Physician's Phone: _____ _____
Insurance Company: _____	Policy Number: _____	
Two People to Contact if Parents CANNOT Be Reached (local)	Address: _____ _____ _____	Cell Phone/Relationship to Child: _____ _____ _____
	1. _____ _____	
2. _____ _____	Address: _____ _____ _____	Cell Phone/Relationship to Child: _____ _____ _____

A student's prescription and/or over the counter medication must be submitted to the school office in the original packaging by the parent or legal guardian. A signed medication form from the parent indicating specific instructions for the dosage and the time the medicine is to be administered. A signed note from the student's doctor is required before any prescription medication may be administered. Student must not have medication in their possession at any time.

Please refer to school handbook regarding administration of medication.

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FINANCIAL AGREEMENT

Understanding that Suffolk Christian Academy - Extended Care Program must meet its financial obligations on time, we agree to the following policies: Yearly Registration fees are per student, non-refundable and due upon enrollment.

1. All monthly payments are due on the first of the month. A \$50.00 late charge will be assessed if my account balance is not paid in full by the 15th of that month. Any full day Extended Care attendance must be prepaid upon registration.
2. In the event of a default of payment, the account will be forwarded to the school's collection agency. The patron will be responsible for all fees incurred at that time. I understand the center reserves the right to dismiss my child from the program until payment is received.
3. To withdraw from the program, written notification must be given to the business office two weeks prior to the last day of attendance. If not, two weeks will be charged to your account.
4. Returned checks will be assessed a \$50.00 service fee.
5. There is no reduction in cost due to school closings, vacation or illness. Also, there is no reduction in cost due to inclement weather. Extended Care tuition rates were established considering all of these factors.
6. In the event of picking up a child, after closing hours, a \$1.00 late fee will be charged for each minute past closing hours until the child is picked up.

CIRCLE THE DAYS YOUR CHILD WILL ATTEND: M TU W TH F

PLEASE CHOOSE A TUITION PLAN:

A) 5 day a week	\$340.00/month	B) 1-3 days a week	\$206.00/month
C) Before Care Only	\$165.00/month	D) After Care Only	\$252.00/month
E) Family Cap	\$550.00/month		
F) Single Day Rate**	\$13-22/per day	Full Day Rate**	\$40.00

** (not to exceed 4 visits per month)

STUDENT'S NAME(S)

1. _____ 2. _____

** Please sign below stating you have received and understand all policies set forth in the Suffolk Christian Academy Extended Care Program Handbook and above Financial Agreement.

Signature and Driver's License # Father/Guardian

Signature and Driver's License # Mother/Guardian

Date: _____

Date: _____