

Holden Christian Academy
 Before/After School Care - **Weekly Reservation Form**
this form is due to the office by Thursday of prior week

Today's Date: ___/___/___

Student(s): _____ Grade(s): _____

BEFORE SCHOOL CARE: (please fill in all dates that you foresee; you can submit additional forms at any time)

I would like to make a reservation for my child/ren to attend BEFORE SCHOOL CARE:

Before School Care Fee: \$5 per day.

Monday	Tuesday	Wednesday	Thursday	Friday
# Students: _____	# Students: _____	# Students: _____	# Students: _____	# Students: _____
<input type="checkbox"/> Weekly <input type="checkbox"/> Single Date: ____/____/____	<input type="checkbox"/> Weekly <input type="checkbox"/> Single Date: ____/____/____	<input type="checkbox"/> Weekly <input type="checkbox"/> Single Date: ____/____/____	<input type="checkbox"/> Weekly <input type="checkbox"/> Single Date: ____/____/____	<input type="checkbox"/> Weekly <input type="checkbox"/> Single Date: ____/____/____

AFTER SCHOOL CARE: (please fill in all dates that you foresee; you can submit another form at any time)

I would like to make a reservation for my child/ren to attend AFTER SCHOOL CARE on:

After School Care Fee: For the 2018-2019 school year, the following per day fees will be charged:

	1 Child	2 Siblings	3 Siblings
3:00-4:30 (or earlier)	\$13	\$17	\$21
3:00-5:30	\$18	\$22	\$26

Late Policy: Parents will be charged for after school care based on actual pick-up time. If a child leaves after school care past 4:30pm, the 5:30pm fee will be charged. For each child who leaves after school care past 5:30pm, a charge will be assessed of \$1 per minute late.

Monday	Tuesday	Wednesday	Thursday	Friday
# Students: _____	# Students: _____	# Students: _____	# Students: _____	# Students: _____
<input type="checkbox"/> Weekly <input type="checkbox"/> Single Date: ____/____/____	<input type="checkbox"/> Weekly <input type="checkbox"/> Single Date: ____/____/____	<input type="checkbox"/> Weekly <input type="checkbox"/> Single Date: ____/____/____	<input type="checkbox"/> Weekly <input type="checkbox"/> Single Date: ____/____/____	<input type="checkbox"/> Weekly <input type="checkbox"/> Single Date: ____/____/____
<input type="checkbox"/> Until 4:30pm <input type="checkbox"/> Until 5:30pm	<input type="checkbox"/> Until 4:30pm <input type="checkbox"/> Until 5:30pm	<input type="checkbox"/> Until 4:30pm <input type="checkbox"/> Until 5:30pm	<input type="checkbox"/> Until 4:30pm <input type="checkbox"/> Until 5:30pm	<input type="checkbox"/> Until 4:30pm <input type="checkbox"/> Until 5:30pm

Fees – All fees are payable through FACTS; do not submit payment with form. Your signature below indicates your understanding that your FACTS account will be billed monthly for accumulated charges.

Parent Signature: _____

Date: ___/___/___