



VICTORY CHRISTIAN ACADEMY AFTER CARE CONTRACT

Operating Hours Monday, Tuesday, Thursday, Friday 3:15-5:00 pm / Wednesday 2:40-5:00 pm

Operating Dates August 21, 2024 - May 29, 2025

Drop-in Fee \$10/Hour / \$10 Minimum

August 21st-31st 20% Monthly Fee

CONTRACT FEES PER MONTH					
	1 day	2 days	3 days	4 days	5 days
After Care 4:00 Pickup	\$ 35	\$ 70	\$ 100	\$ 125	\$ 150
After Care Sibling 4:00 Pickup	\$ 30	\$ 60	\$ 75	\$ 95	\$ 110
After Care 5:00 Pickup	\$ 65	\$ 130	\$ 190	\$ 235	\$ 270
After Care Sibling 5:00 Pickup	\$ 50	\$ 100	\$ 135	\$ 165	\$ 190

SELECT YOUR CHILD CARE CONTRACT			
List Student #1 :		List Student #3	
After Care 4:00 Pickup	\$	After Care Sibling 4:00 Pickup	\$
After Care 5:00 Pickup	\$	After Care Sibling 5:00 Pickup	\$
Beginning date		Beginning date	
Ending date (if applicable)		Ending date (if applicable)	
List Student #2:		List Student #4	
After Care Sibling 4:00 Pickup	\$	After Care Sibling 4:00 Pickup	\$
After Care Sibling 5:00 Pickup	\$	After Care Sibling 5:00 Pickup	\$
Beginning date		Beginning date	
Ending date (if applicable)		Ending date (if applicable)	
TOTAL CONTRACT FEES			\$

CHILD CARE CONTRACT CERTIFICATION	
<p>This Contract is entered into between Victory Christian Academy ("VCA") and Parent / Legal Guardian (print name): _____ with effective date(s) listed above. By signing below, I agree to pay the monthly contract fee for each Student listed above through FACTS billing. I understand I will incur additional fees if the number of days and/or hours included in this Contract are exceeded. I understand this Contract is a monthly commitment and Contract cancellation requires written notification (not a phone call) to be provided by the last day of the preceding cancellation. I agree to provide a refillable water bottle and afternoon snacks for my Student(s). I agree to update any medical condition and/or food allergies my Student(s) have in FACTS Family Portal, as well as current Emergency Contacts and Authorized Pickup Contacts.</p> <p><i>I understand if I pick up my Student(s) after 5:00 pm, I will be charged a \$7.00 late fee for the first 15 minutes and \$1.00 for each minute thereafter.</i></p>	
Parent Signature:	Signature Date:
VCA Representative Signature:	Signature Date: