

Apopka Christian Academy Extended Day 2023-2024

Terms and Conditions for the 2023-2024 School Year

- 1. I understand that Extended Day is not covered under scholarships and it is my responsibility to pay.
- 2. I agree to promptly pick up my student by 5:30pm.
- 3. I agree to pay a late pickup fee of \$1 per minute for each additional minute after 5:30pm.
- 4. Drop in rate is \$30 per service, per student.

Student Name:

Parent/Guardian Signature:

- 5. A light snack will be provided by Extended Day and I agree to pack additional snacks/drinks if needed.
- 6. I agree to abide by the ACA student code of conduct.
- 7. I agree to keep my contact information up to date.
- 8. I understand my student can not be picked up without the security code.
- 9. I agree it is my responsibility to give my alternative pick up person the security code.
- 10. The parent/student agrees to the Computer internet safety rules. They also agree not to show any inappropriate, offensive files or content that may be stored on their personal device. Violation of this agreement will result in loss of privilege and possible disciplinary action.
- 11. All before and aftercare payments are paid in Facts with auto pay setup only. No payments will be accepted in the finance office. Late fees will apply if auto pay is turned off and payment is received after the due dates.
- 12. **Delinquent Account Policy:** Tuition and incidental payments must be paid in full for the student to remain in class and attend after school activities on the 1st of each month. There will be a \$30 late fee assessed for accounts past due.

Grade:

Date: _____

	
Student Name:	Grade:
Please pick which one applies	to you
Morning Care After Care	Morning and Aftercare
I hereby certify that I have received, read and understand the info	
Extended Day is a privilege, not a right, and can be revoked due	e to non-compliance with the Terms and
Conditions.	

Apopka Christian Academy

Extended Day Program 2023 - 2024

Program Needed:		
□ Only Morning Care (Drop off time 7:0	00-7:30)	
□ Only Afternoon Care (3:15-5:30 pm)		
□ Morning & Afternoon Care		
Student's Name:	Grade:	
Does your student (s) have any known	a allergies:	
□ No□ Yes, list here		
Authorized Pick up person:		
Name:	Phone #	
Name:	Phone #	
Name:	Phone #	
In case of an emergency:		
Emergency Contact:	Cell #:	