



## After School Care Tuition Policies & Rates

All children's programs are subject to availability. Oak Grove Christian Academy reserves the right to change class status, including dates/times, based on enrollment. If an adjustment is needed, you will be informed.

### **Weekly After School Tuition: \$50 per week (\$200 per month)**

- PAYMENTS may be made monthly as part of the school tuition account.
- FAILURE TO MAKE A PAYMENT: \$25 will be charged to late accounts. OGCA may discontinue services if tuition is two weeks or more delinquent.
- LATE PICK-UP FEE: Out of respect for our adult workers, we ask that parents/guardians make it a priority to pick up their student on time. If a delay is inevitable, please contact the director as soon as you are aware of the delay. Late fees will apply as follows: 6:05pm to 6:15pm - \$10; 6:16pm to 6:30pm - \$20; 6:31pm on - \$20 + \$2 per minute
- ABSENTEE POLICY: Please call the office before 2pm on the day your child will not attend our after school care program.
- HOLIDAYS: Full weekly rates will still apply for weeks that may include holidays.
- ILLNESS/MISSED SCHOOL: Students will be sent home from any children's programs if the child is deemed to need medical attention or has a fever of 100.5 or higher. There are no reductions in tuition due to illness. Vacation or time-off needs 7 days written advanced notice. If no notice is given, you will be charged normal rates.
- PICK-UP: Children can only be picked up by the people listed on their emergency contact list. For unfamiliar faces, I.D. will be required.
- MEDICAL RELEASE: Children must have a medical release form on site. Parents are responsible for making sure it is up-to-date.
- WE DO NOT OFFER PARTIAL WEEK RATES
- WE DO NOT OFFER DAYTIME CARE for school holidays, inclement weather days, teacher workdays, or other school closures. When OGCA is closed, please make other care arrangements for your child.
- CONTACT INFORMATION for parents/guardians, as well as any other emergency contacts, must be provided on the reverse side of this policy page.
- AFTERCARE policies are detailed in a separate handbook distributed all enrolled families.

I understand and agree to pay in accordance with the above payment schedule, rates and policies. I acknowledge that failing to follow these policies may result in dismissal from the OGCA After School Care Program.

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**ENROLLING PARENT** - *The enrolling parent will be used as the primary emergency contact unless otherwise specified*

Relationship    Father    Mother    Stepfather    Stepmother    Legal Guardian    \_\_\_\_\_  
OTHER - Please Specify

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LEGAL LAST NAME    LEGAL FIRST NAME    LEGAL MIDDLE    SUFFIX

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ADDRESS (If Different)    CITY    STATE    ZIP

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PRIMARY PHONE    OTHER PHONE    EMAIL ADDRESS

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EMPLOYER    HOURS    WORK PHONE

**SPOUSE/OTHER PARENT**

Resides with?    Yes                      No                      Use as Emergency Contact?    Yes                      No

Relationship    Father    Mother    Stepfather    Stepmother    Legal Guardian    \_\_\_\_\_  
OTHER - Please Specify

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LEGAL LAST NAME    LEGAL FIRST NAME    LEGAL MIDDLE    SUFFIX

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ADDRESS (If Different)    CITY    STATE    ZIP

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PRIMARY PHONE    OTHER PHONE    EMAIL ADDRESS

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EMPLOYER    HOURS    WORK PHONE

**EMERGENCY CONTACT INFORMATION**

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*\*Apart from parents, only persons listed as Emergency Contacts will be allowed to pick up your child. If your child will be picked up by someone other than an emergency contact, written permission must be received on the day of pick up. Phone calls requesting change in pick up will not be accepted.*

**FIRST EMERGENCY CONTACT**

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FIRST    LAST    RELATIONSHIP TO STUDENT

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PRIMARY PHONE    OTHER PHONE    WORK PHONE

**SECOND EMERGENCY CONTACT**

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FIRST    LAST    RELATIONSHIP TO STUDENT

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PRIMARY PHONE    OTHER PHONE    WORK PHONE