



Conquerors For Christ Before and After Care

919 Gum Branch Road
Jacksonville, NC 28546

Michelle Ray Owner/Director

Email: conquerors4christ@ymail.com

Hours of Operation

Before Care will be provided from 6:30AM-7:40~Mon-Fri

After Care will be provided from 3:00PM-5:30PM~Mon-Fri

Fees

The monthly rate for the 2024-2025 school year for the BEFORE CARE ONLY

\$160 First child

\$144 Second child

\$128 Third child

The monthly rate for the 2024-2025 school year for the AFTER CARE ONLY

\$220 First child

\$198 Second child

\$176 Third child

The monthly rate for the 2024-2025 school year for BEFORE AND AFTER CARE

\$270 First child

\$243 Second child

\$216 Third child

The DROP-IN rate for Before Care is \$10

The DROP-IN rate for After Care is \$20

Nonrefundable Registration Fee of \$35 per child.

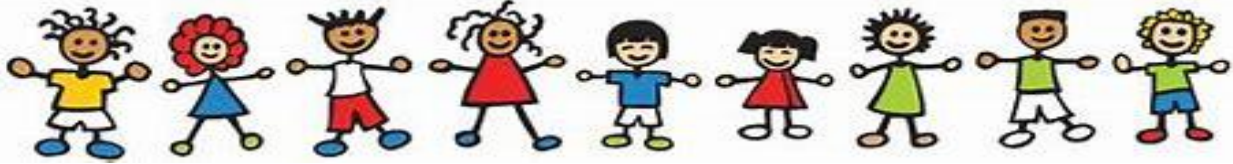
Monthly fees are due every month. No month will be prorated. Your fee is being broken up into 10 monthly payments for your convenience.

Late Fees

Monthly fees are due by the 5th of each month (August due by the 10th.)

A \$35 late payment fee will be added to your bill on the 6th of the month.

A late pick-up fee of \$3 per child for every five minute you are late picking up your child/children.

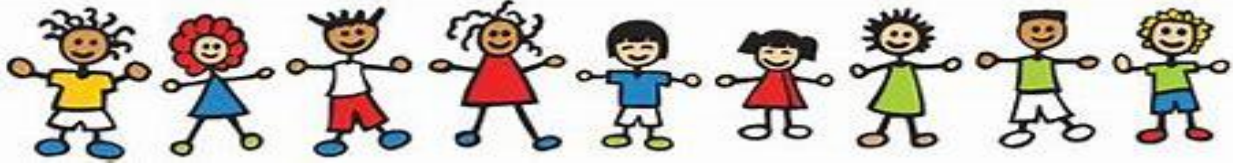


Conquerors for Christ Before and After Care Contract

I, _____, will be enrolling my child/children, _____
in the following *Conquerors for Christ Program*.

(Please initial which program(s) you are enrolling your child/children in)

- A. _____ I am enrolling my child/children in **BEFORE CARE ONLY** at the monthly rate of \$160 for the first child, \$144 for the second child and \$128 for the third child. The before care fee is divided up into 10 monthly payments for your convenience and **WILL NOT** be prorated. (Before Care hours Monday-Friday 6:30AM-7:40PM.)
- B. _____ I am enrolling my child/children in **AFTER CARE ONLY** at the monthly rate of \$220 for the first child, \$198 for the second child, and \$176 for the third child. The aftercare fee is divided up into 10 monthly payments for your convenience and **WILL NOT** be prorated. (After Care hours Monday-Friday 3:00PM-5:30PM.)
- C. _____ I am enrolling my child/children in **BEFORE and AFTER CARE** at the monthly rate of \$270 for the first child, \$243 for the second child, and \$216 for the third child. The Before and After Care fee is divided up into 10 monthly payments for your convenience and **WILL NOT** be prorated. (Before Care hours 6:30AM-7:40AM and 3:00PM-5:30PM, Monday-Friday.)
- D. _____ My child/children will be a **DROP-IN for BEFORE CARE**, at the rate of \$10 each morning, per child. I understand this fee is due the same day the service is provided.
- E. _____ My child/children will be a **DROP-IN for AFTER CARE** at the rate of \$20 each afternoon, per child. I understand this fee is due the same day of service.



(Please initial each item listed below)

1. ____ I understand that all rules stated in the JCA handbook also apply to the *Conquerors for Christ Before and After School Program*.
2. ____ It is my responsibility to pay my bill on the first of every month.
3. ____ A late fee is charged for bills not paid by the 5th of every month. I understand that a \$35 late fee will be added to my bill on the 6th of the month, if my bill is not paid on time.
4. ____ If I do not pick up my child/children by 5:30PM, I will be charged \$3 per child for every 5 minutes I am late picking up child/children.
5. ____ I will provide my child/children with a snack for after care.
6. ____ A nonrefundable \$35 registration fee, per child, is required.
7. ____ *Conquerors for Christ Before and After Care* **WILL NOT** be responsible for items my child/children bring to before and after school care.
8. ____ After care hours are 3:00pm-5:30pm. When school dismisses at noon, after care will be provided between the hours of 12:00pm-3:00pm. My child will need to bring lunch on half days.
9. ____ I understand that if my child is sick, I will be called to pick him/her up immediately.



10. If I owe additional fees, I will receive a monthly statement during the last week of the month.
11. If JCA is closed due to weather conditions, I understand that *Conquerors For Christ Before and After Care* will also be closed.
12. A 30-day notice is required when before and after care services are no longer needed. I understand that I am responsible for paying for 30 days of care from the date that the notice is given.
13. I understand the monthly fee has been divided into ten monthly payments for my convince, therefore, no month will be prorated.
14. I will report all concerns that may arise to the Director of *Conquerors For Christ Before and After Care*, Michelle Ray. She can be reached at (910) 340-5360.

Parent's Signature

Date