

LOGANVILLE CHRISTIAN ACADEMY

We exist to prepare students academically, spiritually and socially for God's call on their lives.

Extended Care Program

LCA is happy to provide our Extended Care Program as a benefit to parents who work and are unable to drop off or pick up their child during normal school arrival and dismissal times. Our qualified staff will provide a structured and quiet time for your student to complete any homework and then transition the students into time filled with socializing with one another by enjoying the playground, creating a craft or playing a board game. Our hope is to provide security and peace of mind that your child is well-cared for while you work.

Financial Policies:

- A registration fee of \$25 per family is due upon enrollment into the program.
- Rates do not include additional events, late pickup (*\$15.00 per quarter hour*) or early release school days (*\$15.00 additional.*)
- The monthly plan remains the same regardless of absences or weeks in a month (*excluding December.*)
- Thank you for understanding that if a student withdraws during the year, financial accounts must be cleared before school records and report cards will be released.

Before School Care				After School Care			
Daily Plan <i>* Paid Each Friday</i>	M, T Th, F	7:00 am 7:45 am	Plan 1 \$10	Daily Plan <i>* Paid Each Friday</i>	M-F	2:40 pm 4:30 pm	Plan 1 \$12
	W	7:45 am 8:45 am	No Charge		M-F	2:40pm 6:00pm	Plan 2 \$20
Monthly Plan <i>* Auto Draft with tuition</i>	M - F	7:00 am 7:45 am	Plan 3 \$175	Monthly Plan <i>* Auto Draft with tuition</i>	M - F	2:40 pm 4:30 pm	Plan 3 \$200 <i>(Dec. \$115)</i>
			<i>(Dec Cost \$100)</i>				Plan 4 \$350 <i>(Dec. \$200)</i>

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Extended Care Program Registration

Extended Care is open to any enrolled LCA student. Please fill out the below information clearly.

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Father/Guardian _____ Mother/Guardian _____

Email Address _____

Father/Guardian (_____) Mother/Guardian (_____)
work work

Father/Guardian (_____) Mother/Guardian (_____)
cell cell

Payment Plan: _____ Daily (due each Friday) _____ Monthly (auto draft with tuition)

For the daily plan, please circle which days you will need care: M T W TH FR

Before School Only _____ Plan # _____ After School Only _____ Plan # _____

Monthly Combined Before and After School _____

Before School Plan # _____ After School Plan # _____

**** Please attach a \$25 registration fee per family, made payable to LCA.***