



# HERITAGE

## CHRISTIAN ACADEMY

Deb Lake – Director

## EXTENDED CARE PROGRAM

You need to sign up by filling out an enrollment form. Registration fee is \$15 for the first child and \$10 for each one thereafter for the year. You will be billed monthly on your school statement for your Extended Care charges. Charges are billed every half hour even if a student is only there for a part of it. Any student not picked up by 6:00 pm will be charged a substantial late fee. For the consideration of the staff, after 3 late pick-ups, a student may be asked to withdraw from the program.

## AFTER SCHOOL CARE

### K5-2<sup>nd</sup> grade After School Care – 3:00 pm – 5:30 pm

Students will be dropped off at after care by their classroom teacher. Staffed by the same teacher every day. **Cost - \$6.00 per hour.** No snack is provided, but students may bring a snack from home.

### 3<sup>rd</sup> - 6<sup>th</sup> grade After School Care – 3:30 pm – 5:30 pm

Students will go to the care line after school and remain there until 3:20 pm. At that time, all students not picked up will be sent to After School Care and **charged \$6.00 per hour.** Students may bring a snack from home to have in after care.

**If you plan to attend less than 3 times throughout the school year, you do not need to fill out an enrollment form or pay the registration fee. We understand that parents “occasionally” may have problems picking up on time. You will only be charged the hourly rate of \$5.00.**

*Developing a Firm Foundation for the Future!*

4681 East Trindle Road, Mechanicsburg, PA 17050

Phone: 717-761-7000 Website: [gohca.org](http://gohca.org)

**Heritage Christian Academy**  
**4681 E Trindle Road**  
**Mechanicsburg, PA 17050**  
**717-761-7000**

**Extended Care Registration**

☐ **Reg Fee Paid**

Student Information (Please use child's legal name)		
Last Name	First Name	Grade

On which days will this student attend? ☐ Daily ☐ Drop In

K5 to 2<sup>nd</sup> after school care (3:00-5:30 pm) ☐ Mon- Fri ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri

3<sup>rd</sup> - 6<sup>th</sup> after school care (3:00-5:30 pm) ☐ Mon- Fri ☐ Mon ☐ Tue ☐ Wed ☐ Thur ☐ Fri

Parent/Guardian Contact Information (Please list information only if the parent may be contacted about the child)	
Father's Name:	Home Phone:
Cell Phone:	Work Phone:
May this parent pick up the child from school? <input type="checkbox"/> Yes, at any time <input type="checkbox"/> Medical Emergency only after call to custodial parent <input type="checkbox"/> Only with permission called in by custodial parent/guardian	
Mother's Name:	Home Phone:
Cell Phone:	Work Phone:
May this parent pick up the child from school? <input type="checkbox"/> Yes, at any time <input type="checkbox"/> Medical Emergency only after call to custodial parent <input type="checkbox"/> Only with permission called in by custodial parent/guardian	
Guardian's Name:	Home Phone:
Cell Phone:	Work Phone:
May this guardian pick up the child from school? <input type="checkbox"/> Yes, at any time <input type="checkbox"/> Medical Emergency only after call to custodial parent <input type="checkbox"/> Only with permission called in by custodial parent/guardian	
Stepparent Contact Information (Please list information)	
Stepfather's Name:	Home Phone:
Cell Phone:	Work Phone:
May this adult pick up the child from school? <input type="checkbox"/> Yes, at any time <input type="checkbox"/> Medical Emergency only after call to custodial parent <input type="checkbox"/> Only with permission called in by custodial parent/guardian	
Stepmother's Name:	Home Phone:
Cell Phone:	Work Phone:
May this adult pick up the child from school? <input type="checkbox"/> Yes, at any time <input type="checkbox"/> Medical Emergency only after call to custodial parent <input type="checkbox"/> Only with permission called in by custodial parent/guardian	
Other Emergency Contact	
Contact's Name:	Home Phone:
Cell Phone:	Work Phone:
Contact's Name:	Home Phone:
Cell Phone:	Work Phone: