Before and After School Supervision

2019-2020

Before and after care supervision is available for a minimal fee for DK-4 students who arrive before 7:50 a.m. and/or those who are not picked up by 3:20 p.m. Supervision is also available for students grades 5-12 who arrive before 7:40 a.m. After care is available to 5th and 6th graders if needed. Before and after care hours are 7:00 a.m. – 7:50 a.m. and 3:20 p.m. – 4:30 p.m. There will be no aftercare on Friday, May 29, 2020 when school dismisses at 12:20 p.m.

<table>
<thead>
<tr>
<th>Cost Per Day:</th>
<th>1 child</th>
<th>Two or more children</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM Only</td>
<td>$5.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>PM Only</td>
<td>$5.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>Both AM and PM</td>
<td>$10.00</td>
<td>$15.00</td>
</tr>
</tbody>
</table>

Late fees will be assessed as follows:

1st 15 min. late       $15 fee  
16-30 min. late        $30 fee  
31-45 min. late        $45 fee  
And so on.....

Payment: Before/After care charges will be posted on RenWeb every Monday for the previous week. All payments should be made in the main office or by calling Mrs. Bowman at (614)875-3000, ext. 244. Cash, checks, or credit card payments are acceptable. All checks should be made payable to Grove City Christian School (GCCS) and in the memo please write Before and After Care along with your child’s name.

Sign Up: Please complete the registration form and send that in with your child on the first day they attend before or after care. Be prepared to show your ID when you pick up your child.

More Information: For more information or to ask questions, please email Ms. Bohlen at bbohlen@grovecitychristian.org, or call (614)875-3000.

*Office phones are typically NOT answered after 4:00 p.m. Ms. Bohlen can always be reached by email at bbohlen@grovecitychristian.org.
Before and After Supervision – Registration Form

2019-2020

Child (ren)’s name(s), grade, and teacher: ______________________________________
____________________________________________________________________
____________________________________________________________________

Any allergies or medical conditions: _________________________________________
____________________________________________________________________

Mother’s Name_______________________________________

Phone #’s where you can be reached during before and after care time:
________________________________________________________

Father’s Name_______________________________________

Phone #’s where you can be reached during before and after care time:
________________________________________________________

Who else is authorized to pick up your child (ren)?
Name__________________________________________ Phone #_____________________________
Name__________________________________________ Phone #_____________________________
Name__________________________________________ Phone #_____________________________

To ensure the safety of your child (ren), those picking up may be asked to show photo ID.
Parent Signature: _____________________ Email: ____________________________
Parent Signature: _____________________ Email: ____________________________