

# AUGUSTA CHRISTIAN SCHOOLS 2023-2024 BEFORE SCHOOL CARE PROGRAM

## PURPOSE

The **Before School Care Program's (BSCP)** purpose is to provide a safe, structured environment for children of Augusta Christian School working parents, who need child care prior to the school day on site at ACS. Professionally trained Christian adults will supervise students in a safe and loving environment.

**This is not intended to be a “drop-in” program.** We must be able to provide a sufficient number of trained workers to properly supervise enrolled children. However, Option 2 is reserved for **emergency** situations, when parents **must** have early morning care because of an unusual situation.

## TIMES

The **Before School Care Program** will be open to school families (1-5<sup>th</sup> grade only) on all school days. On school days, students (1-5<sup>th</sup> grade) who have registered for BSCP will be supervised beginning, but not before, 6:30am to 7:20am. At 7:20am, students will be delivered to the elementary hallway to wait on their teachers and classmates to begin the regular school day. Preschool at the Fury's Ferry campus will be supervised beginning, but not before, 6:30am.

## FEES

### Option 1

Full-time (5 days per week – 6:30am until 7:20am)      \$40.00 per week

### Option 2 Emergency Only!

Hourly rate (rate per hour or any part of an hour)      \$17.00 per hour

\*Accounts should be paid weekly. Cash or checks are accepted for payment. Checks should be made payable to Augusta Christian Schools. **If an account remains in arrears past two (2) weeks, your child will not be able to attend BSCP until the balance is paid in full.** A parent must sign in all students each day.

Questions regarding the BSCP should be directed to Sheri Dekle (706) 863-2905, ext 272 or sheridekle@augustachristian.org.

Director of BSCP: Mrs. Sheri Dekle

**AUGUSTA CHRISTIAN SCHOOLS 2023-2024  
BEFORE SCHOOL CARE PROGRAM APPLICATION**

Date of Application: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Dad) (Mom)

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

List days and times you plan for your child to attend:

By the Week: \_\_\_\_\_

By the Hour: \_\_\_\_\_

**Select either Option 1 or Option 2**

\_\_\_\_\_ Option 1 Full-time (5 days per week – 6:30-7:20am) \$40.00 per week

\_\_\_\_\_ Option 2 Emergency Only \$15.00 per hour

Allergies: \_\_\_\_\_

Medical Needs: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date