CROSSROADS CHRISTIAN SCHOOL

P.O. Box 249 ♦ Henderson, NC 27536 ♦ (252) 431-1333 Office ♦ (252) 431-0333 Fax ♦ www.ccscolts.org

2026–2027 After-School Care Contract

After-school care will be provided for K5 through 5th grades in the library. During after-school care, students will work on homework assignments, participate in planned activities, and have snack time.

HOURS OF OPERATION: 3:00 p.m. – 5:30 p.m., Monday through Friday, including some holidays and other school closings. The after-school care service ends at 5:30 p.m. each day.

Date: _____

Name of Student: _____ Age: _____

Grade: _____ Teacher: _____ Cell Phone: _____

Name of Parent(s): _____ Home Phone: _____

DAYS PER WEEK NEEDED (please circle number): 1 2 3 4 5

❑ Full-time (5 days per week) --- Note: Full-time is a 10-month commitment (August – May).

❑ Part-time (1-2 days per week)

COSTS:

Monthly Rate	First Child	Second Child
	$250	$230
Additional Options		
Part-Time	$15 per day per child	
Half-Days	$30 (11:45 a.m. dismissal)	
Full Days	$50 (Teacher Workdays/Holidays)	

PAYMENT DUE: 1st day of each month for full-time after-care students. Part-time students will be sent an email each month with the total due based on number of days attended. **If an account is more than a month behind, student(s) will not be able to attend after-school care.**

LATE CARPOOL PICK-UPS: Lower school students waiting in carpool for pick-up after school will be sent to after-school care at 3:30 p.m. There will be a $15 per day charge for any student sent to after-school care from carpool. Students are not allowed to roam the school unattended after the school day ends.

STUDENTS MUST BE PICKED UP BY 5:30 P.M.
The after-school care coordinator has other commitments and needs to leave by 5:30 p.m.

LATE AFTER-SCHOOL CARE PICK-UP (after 5:30 p.m.): $5.00 per minute late is due at time of pick-up. Non-payment will result in suspension of services. Being late three times in any given semester will result in suspension of services.

NO REFUNDS: Money paid for monthly or part-time attendance cannot be refunded.

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____

Date: _____