

GCARE

Our *Gwinnett Christian Academy Recreation and Enrichment* program is provided as a service to children of working parents whose children are enrolled at GCA. GCARE is not a daycare program but is an extracurricular extension of the academic day. The GCARE schedule is from 6:30 am to 7:50 am and 3:20 pm to 5:30 pm. There is no GCARE program on weekends or on full-day holidays. Half-day holidays: GCARE will be open in the morning and will be open in the afternoon by special arrangement.

Admission* to GCARE requires:

1. the enrollment as a student at GCA,
2. the completion of the GCARE Registration Form, and
3. the payment of the \$50.00 family registration fee (due at the time of registration).

* Admission to GCARE will be limited to eight (8) students. Full-time applicants will receive first priority for admission. Drop-ins are accepted according to available space.

GCARE includes:

- beverage and snack
- supervised, unstructured playtime (indoors and outdoors)
- time for study and homework
- age-appropriate activities
- care and attention

GCARE Tuition: 10% discount for 2nd and 3rd child

Fulltime: (payment due regardless of attendance)
 Before and After School: \$380.00 / month
 Before School only: \$170.00 / month
 After School only: \$300.00 / month
Part-time: (payment due each week in advance)
 Before and After School: \$35.00 / day
 Before School only: \$15.00 / day
 After School only: \$25.00 / day

Drop-in:
 \$20.00 per hour

Special Arrangement:
 \$15.00 per hour

Late Pickup:
 \$1.00 per minute after 5:30

GCARE REGISTRATION FORM

I would like to enroll the following children in the GCARE Program, beginning on _____ (date).

<u>Name /Grade</u>	<u>Before/After School</u>	<u>Full-time / Days per Week</u>
1. _____ / _____	Before After	Full-time 4 3 2 1 Drop-in
2. _____ / _____	Before After	Full-time 4 3 2 1 Drop-in
3. _____ / _____	Before After	Full-time 4 3 2 1 Drop-in

Parent's name (please print) _____ Home phone _____

Home address _____ City & Zip _____

Work Phone _____ Cell Phone _____

Emergency contact & phone _____

Please print the full names of all persons the child may be released to: _____

List medical problems or special instructions: _____

Date _____ Parent's Signature _____