



**Berean Christian
Junior Academy**
Est. 1906

Extended Care Program

Complete and email to mdavis@bcjaschool.org

The BCJA Extended Care Program is designed to provide meaningful extracurricular activities and to aid parents in need of child care beyond regular school hours. Extended Care is available to all enrolled BCJA students.

BCJA Extended Care Hours and Late Fees

Morning Care	6:30am-7:30am (M-F)	Students arriving at 7:30 are not charged.
After Care	3:30pm-6:00pm (M-TH)	Students picked up by 3:30pm are not charged.
	2:30pm-5:00pm. (F)	Students picked up by 2:30pm are not charged.

Late fee: \$1/minute after 6:00pm M-TH and 5:00pm on Friday.
Drop in rate: \$18 per day

Children not enrolled in the Extended Day Program will be charged a drop-in rate of \$18/day. For the care and safety of our students, they will not be permitted to remain on school grounds unsupervised at any time. This includes attendance to sports games or other school programs held after school. Students not enrolled in the extended day program that are not picked up by the times listed above will be sent to aftercare with incurring fees applied to the school account(s).

Student Pickup:

A signed authorization form must be on file for all individuals with permission to pick up your child(ren). In the event that your child(ren) must be picked up by someone not previously authorized, you must submit in writing, the person's name, dates, and time for which they are being granted authorization to pick up your child(ren).

Acceptable forms of communicating changes include email, handwritten, and typed notes with parent signature. Phone calls or text messages to faculty or staff are not considered acceptable forms of authorization. No child will be released without proper documentation.

I, _____, parent/guardian of _____
Print Name Print Child(ren)'s Name

understand and will uphold the procedures and expectations of the BCJA Extended Day Program.



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Extended Care Program Application

Please print the following information:

Child's Name _____

Grade _____

Child's Name _____

Grade _____

Mother _____

Cell #: _____

Father _____

Cell #: _____

Emergency Contact _____

Phone: _____

LIST ANY ADDITIONAL PEOPLE-OTHER THAN PARENTS you authorize to pick up your child(ren) Please Print.

Name	Relationship to child:
Phone:	Cell #:

Name	Relationship to child:
Phone:	Cell #:

Please list any allergies: _____

Extended day times:
3:30pm-6:00pm (M-TH)
2:30pm-5pm (F)

Students picked up after ending times above will incur a late fee paid to the EC Director at time of arrival.
I agree to the above. Please enroll my child(ren) in the BCJA Extended Day Program.

Signature: _____

Date: _____

Extended Day Packages



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Select your package

Classes Offered: Piano, Painting, Arts & Crafts, Martial Arts, Recreation

Package A - \$350/m per child _____

- All classes + study hall.
- 6:30-7:30am, 3:30-6:00pm (Morning & After care)
- \$50 discount for 2 children enrolled.
- \$100 discount for 3 children enrolled.

Package B- \$250/m per child _____

- 1 Class + study hall daily.
- 3:30-6:00pm
- \$25 discount for 2 children enrolled
- \$40 discount for 3 children enrolled

Package C- \$200/m per child _____

- Study Hall Only, no classes
- 3:30-6:00pm
- \$20 discount for 2 children enrolled
- \$35 discount for 3 children enrolled

Package D- \$100/m per child per class _____

- 1 Class
- 3:30-6:00pm on day of class only.

Circle classes to make a schedule

*Note: Classes can only be changed at the end of the month. Changes will take effect the following month.

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday
3:30-3:45 Fri- 2:30-2:45	Restroom & Snack	Restroom & Snack	Restroom & Snack	Restroom & Snack	Restroom & Snack
3:45-4:45pm	Piano Or Study Hall	Painting Or Study Hall	Arts & Crafts Or Study Hall	Martial Arts Or Study Hall	Recreation
4:45-6:00pm	Free Time	Free Time	Free Time	Free Time	

Fees are due the last day (or following business day) of every month, Paid to EC Director, Mrs. Usher or Business Manager, Dr. Gary Gardner in front office..

I agree to the above. _____
Signature

Date _____