## CALVARY CHAPEL ACADEMY-VIERA

## 2020-2021 BEFORE & AFTER CARE CONTRACT

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Office Use Only

Registration Fee \$30.00 per child

Cash

		Phone	:			
sical problems of studer	nt:					
rgies (i.e. medical, etc.)	:					
			No			
Is your child taking regular medication for any purpose? Yes No If yes, please specify medication and explain (medication/dosage):   lease initial on the line provided to indicate your acknowledgement of EACH of the following statements:   AUTHORIZATION FOR EMERGENCY CARE: The undersigned parent(s) or legal guardian(s) of the above-referenced student authorize officials of CCA/Calvary Chanel Melbourne to contact directly the persons named on						
student authorize official cy card maintained in the deemed necessary in a med above, or parent/guction is deemed necest parent(s) or legal guainancially responsible for shall remain effective versions and the statement of the	Is of CCA/Calvary Chap e school office and auth n emergency, for the he lardian cannot be conta sary in their judgment, ardian(s) of the above-r ir the emergency care an	el Melbourne to contorizes the named physealth of the child. In cted, the school office for the health of the eferenced student with the child of the child.	act directly the visician(s) to real the event the ials are hereled he aforesaid will not hold for the above-re	ne persons named on ender such treatment e physician(s), other by authorized to take child. Further, the CCA/Calvary Chapel eferenced child. This		
student understands and oviding. After Care is \$1 vill be billed to your CC or child from the program	d will fulfill the financial of 5.00 per day flat rate. PCA account for each 15 m for refusal to pay for	commitment to pay for ick up after 3:00 pm i -minute increment a	or the before a considered ccordingly.	and after services the late and a late charge You may be asked to		
d I will be billed \$15.00 p	er day flat rate.					
ENTS ARE ONLIN	NE ONLY*					
EL ACADEMY						
Sig	nature of Parent/Guardi	an Responsible for P	ayment	Date		
Pri	nt Name			Phone		
e ds e con interest for the contract of the co	ergies (i.e. medical, etc.)  d taking regular medication and taking to a taking a takin	ergies (i.e. medical, etc.):  d taking regular medication for any purpose? se specify medication and explain (medication/do e line provided to indicate your acknowledgement CATION FOR EMERGENCY CARE: The unde student authorize officials of CCA/Calvary Chap- ncy card maintained in the school office and author deemed necessary in an emergency, for the he med above, or parent/guardian cannot be contact action is deemed necessary in their judgment, and parent(s) or legal guardian(s) of the above- financially responsible for the emergency care an on shall remain effective while the child is enrolled livary Chapel Melbourne.  LEDGEMENT OF BILLING POLICY: The unde student understands and will fulfill the financial of roviding. After Care is \$15.00 per day flat rate. P will be billed to your CCA account for each 15- ur child from the program for refusal to pay for nts will need to be made.  and I will be billed \$15.00 per day flat rate.  ENTS ARE ONLINE ONLY*  EL ACADEMY	ergies (i.e. medical, etc.):  d taking regular medication for any purpose? Yes se specify medication and explain (medication/dosage):  d line provided to indicate your acknowledgement of EACH of the followant of the followant in the provided to indicate your acknowledgement of EACH of the followant in the school office and authorizes the named phydeemed necessary in an emergency, for the health of the child. In the school office and authorizes the named phydeemed necessary in an emergency, for the health of the child. In the followant in the school office and authorizes the named phydeemed necessary in their judgment, for the health of the child in the school office and authorizes the named phydeemed necessary in their judgment, for the health of the diparent(s) or legal guardian(s) of the above-referenced student with grantian in the program of the emergency care and/or transportation for on shall remain effective while the child is enrolled in CCA, unless soon livery Chapel Melbourne.  LEDGEMENT OF BILLING POLICY: The undersigned parent(s) or student understands and will fulfill the financial commitment to pay for roviding. After Care is \$15.00 per day flat rate. Pick up after 3:00 pm is will be billed to your CCA account for each 15-minute increment a ur child from the program for refusal to pay for the After Care Programs will need to be made.  d I will be billed \$15.00 per day flat rate.  ENTS ARE ONLINE ONLY*  EL ACADEMY  Signature of Parent/Guardian Responsible for Figure 1.	d taking regular medication for any purpose? Yes		

Before & After Care Contract Page 2 of 2