

**CALVARY CHAPEL ACADEMY-MELBOURNE**  
**BEFORE/AFTER CARE**  
**6th, 7th and 8th Graders**  
**2021-2022 CONTRACT**

<u>Office Use Only</u>	
Registration Fee \$30.00 per child	
Cash _____	
Check # _____	
Online _____	

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

Entering Grade: \_\_\_\_\_

Sibling's Name enrolled at CCA \_\_\_\_\_

Please 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 Chapel Melbourne to contact directly the persons named on an emergency card maintained in the school office and authorizes the named physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of the child. In the event the physician(s), other persons named above, or parent/guardian cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. Further, the undersigned parent(s) or legal guardian(s) of the above-referenced student will not hold CCA/Calvary Chapel Melbourne financially responsible for the emergency care and/or transportation for the above-referenced child. This authorization shall remain effective while the child is enrolled in CCA, unless sooner revoked in writing and delivered to CCA/Calvary Chapel Melbourne.

\_\_\_\_\_ ACKNOWLEDGEMENT OF BILLING POLICY: The undersigned parent(s) or legal guardian(s) of the above-referenced student understands and will fulfill the financial commitment to pay for the Before and/or After Care services the school is providing. Please see the rates listed below.  
 You may be asked to remove your child from the program for refusal to pay for the After Care Program on a monthly basis and other arrangements will need to be made.

Registration fee per child	\$30.00
Before Care <b>ONLY</b>	\$10.00
After Care <b>ONLY</b>	\$ 8.00
Before <b>AND</b> After Care used in the same day	\$15.00

***\*PAYMENTS ARE ONLINE ONLY\****

CALVARY CHAPEL ACADEMY

\_\_\_\_\_  
 Tim Flay, Principal

\_\_\_\_\_  
 Signature of Parent/Guardian Responsible for Payment

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Phone