

Please print all information legibly.

After School Care

Please enroll my child into the After School Care Program at Destiny Christian Academy. My child will need to remain in Destiny Christian Academy's care between 3:00 pm and 6:00 pm.

I understand the fee for this service is an additional \$150.00 per month or \$10.00 per day in addition to my monthly tuition.

- I understand the fee must be paid on a monthly or weekly basis.
- I understand that the discounted monthly rate cannot be pro-rated even if the service was not provided on a given day.
- I understand that I can dis-enroll my child from the after school care program after submitting a two week advance notice to the director; however, the monthly fee for the current month will be due and will not be prorated. *(Monthly Enrollees Only)*
- In the event that a child is picked up after 6:00 pm, a late fee will be applied to the account as stated in the late fee policy.

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Parent's Name: _____

Parent's Signature: _____

_____ I am enrolling _____ at the discounted
monthly rate of \$150.00.

_____ I am enrolling _____ at the daily rate of
\$10.00.

"Our Students' Destiny Is Our Purpose"

Destiny Christian Academy
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