



Columbia County Christian School

Before and After School Program

2021/2022

COLUMBIA COUNTY CHRISTIAN SCHOOL
56523 Columbia River Hwy
Warren, OR 97053
503-366-9209

Before and After School Program

The CCCS Before and After School Program is intended to provide parents with safe, secure, quality program where their children learn and play in a loving Christian environment. Our staff provides a variety of age-appropriate activities that are safe and fun in a relaxed, casual atmosphere. Time is given to do homework or just relax and play games. This program is available to CCCS students who arrive at school before 7:45 and/or cannot be picked up until after 3:15. Adult to student ration is 1 to 15. CCCS reserves the right to amend any portion of this program at any time at the sole discretion of the CCCS Administrator and Board of Directors.

Hours

Before School Care	6:30 a.m. to 7:45 a.m.
After School Care	3:15 p.m. to 6:00 p.m.

Registration

Before/After-School Club Contract and Registration forms need to be submitted to the school office.

Before Care Rates

Contract Rate: \$5 (6:30am-7:45am)

Drop-In Rate: \$7 (6:30-7:45am)

Aftercare Rates

Contract that are scheduled one month in advance (*students who do not show up on scheduled days will result in a \$4.00 charge – no refunds*):

3:15pm-4:00pm: Minimum \$4.00

4:00pm-5:00pm: Additional \$4.00

5:00pm-6:00pm: Additional \$4.00 to a maximum of \$12.00/day

Drop-in Rates (*must call ahead to check for available space*):

3:15pm-4:00pm: Minimum \$5.00

4:00pm-5:00pm: Additional \$5.00

5:00pm-6:00pm: Additional \$5.00 to a maximum of \$15.00/day

Late Pick-up Fee (*after 6:00 p.m.*): \$1.00 per minute. **NOTE:** Children who are not signed up for After School Club and are not picked up by 3:15 will be considered drop-in for that day and charged accordingly.

Family Discount

Families with more than one child in the program will receive a discount. The child with the highest tuition will pay the full rate. Each additional child will receive a 5% discount.

Arrival and Departure Procedures

Families dropping off students for morning care should walk their child to the gathering room and sign them in. All students will be signed out at 7:45 am by the caregiver. Third grade and up will be sent directly to their classroom. Kindergarten through second grade will remain in the gathering room. At 3:15, classroom teachers will take students who have not been picked up to the after school caregiver, who will sign them in. Parents picking up students from after school care must sign their children out.

School Closures and Emergency Information

See the Parent Student Handbook

Contract Billing Process

Bills will be processed on the 15th of each month and due by the 1st of the month prior to services rendered. If no payment is received by the 1st of the month, the customer will be billed at the drop-in rate.

Drop-in Billing Process

Bills will be processed on the 15th of the following month of service provided, and is due by the 1st of the next month prior to services rendered. Payments received after the 5th calendar day will be charged a late fee. Late fees will continue to accrue at the rate of \$5.00 per week until account is current. If account is more than 30 days past due, services will be suspended.

Before and After School Program
Columbia County Christian School
2021-2022 Registration Form
FILL OUT FRONT & BACK

Columbia County Christian School does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Child's Legal Name: _____ Birth Date: ___/___/___ Sex (Circle) M F

Please choose one option below:

_____ CCCS has my permission to access my child's immunization records online.

_____ Please do not access my child's immunization records online. I will provide the records with this application.

Allergies: _____ **Special Conditions:** _____

Please apply parent provided **sunscreen** on my child ___ Yes ___ No Child's T-shirt size _____

Name of School: _____ Grade entering Sept. 2018: _____ Teacher's name _____

Home Address: _____ City: _____ Zip: _____ Phone: _____

All adults 18 and older sharing the home with the camper: _____

Father's/Guardian's Legal Name: _____ Home Phone: _____

Father's Address: _____ City: _____ Zip Code: _____

Father's Place of Employment: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Mother's/Guardian's Legal Name: _____ Home Phone: _____

Mother's Address: _____ City: _____ Zip Code: _____

Mother's Place of Employment: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Emergency Medical Consent

I hereby consent to CCCS to obtain all emergency medical or dental care prescribed by a Licensed Physician, Osteopath, or Dentist for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my child.

Parent/Guardian Signature: _____ Date: _____

Health Insurance Information

Insurance Company: _____ Plan: _____ Group #: _____

Doctor's Name: _____ Phone: _____ Dentist's Name: _____ Phone: _____

If no dentist is entered above, in the case of a dental emergency your child will be treated at St. Helens Dental (503) 397-3326.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact (If Unable to Reach Parents):

Name: _____ Relationship to Student: _____ Phone: _____

Persons Other Than Parents Who Are 16 Years of Age or Older and Authorized To Pick Up Your Child:

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Persons Not Authorized to Pick Up Camper: (Note: Court Documentation Is Necessary If This Is A Parent)

1. _____ 2. _____

COLUMBIA COUNTY CHRISTIAN SCHOOL

Before/After School Program

Rate Contract

Child(ren)'s Name(s) _____

Days needed (fill in for contract rate):

Monday	Tuesday	Wednesday	Thursday	Friday

Hours needed: _____ to _____
 _____ to _____

We agree to adhere to the policies as set forth in the CCCS Parent/Student Handbook and to fulfill all financial obligations to Columbia County Christian School promptly. We understand that payments must be paid prior to the 1st day of the month prior to services rendered to receive the contract rates. For drop-in billing, a late fee will be charged for those payments that come in after the 5th calendar day from the billing due date. A parent arriving after 6:00 p.m. will be charged a "Late Pick-up Fee" of \$1.00 for every one (1) minute the parent is late. This fee is applied to your next billing. A \$25.00 fee will be charged on all NSF checks.

Parent/Guardian Signature	Date
Parent/Guardian Signature	Date