



Extended Care Handbook Acknowledgement &
K-4 Enrollment Agreement

2018-2019 School Year

Child(ren) First and Last Name(s): _____

Please select an Extended Care option below:

- Before - \$90 per child per month
- After - \$180 per child per month
- Extended Care (Before & After) - \$270 per child per month
- Drop In Rate - \$10 per hour per child

Parent/Guardian Name: _____

Please select a payment option below. Monthly payments must be remitted through FACTS/Renweb management.

- Option 1 – Payment in Full
- Option 2 – 10 Monthly Payments via Renweb. I authorize ACA to add the above indicated monthly service charge(s) for extended care to my Renweb payment account.
- I have read and understand the policies of the Extended Care Program for Antioch Christian Academy. I agree to abide by all of its provisions.
- I understand that my obligation to pay the fees for the Extended Care Program is unconditional and that no portion of such fees so paid or outstanding will be canceled, except with the express written agreement of the ACA Board.
- I understand that in signing this agreement, I accept all the rules and regulations of Antioch Christian Academy as presented in the Parent/Student Handbook and/or as initiated or amended throughout the course of the year.
- In the event of contradiction between the ACA Parent/Student Handbook and this agreement, the ACA Parent/Student Handbook will take precedence.
- I understand that payment in arrears for **any** fees at ACA may result in my enrolled child(ren) being unable to participate in Extended Care until my account is current.
- I understand that student records will not be released to myself or a third party unless any outstanding payments, including Extended Care fees, are remitted in full.
- I understand that lack of adherence to the policies of Antioch Christian Academy and the Extended Care program pay result in termination of Extended Care services.
- I understand that by signing below I agree to the policies set forth by the Extended Care program.

Parent/Guardian Signature

Date



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K-4 Parents,

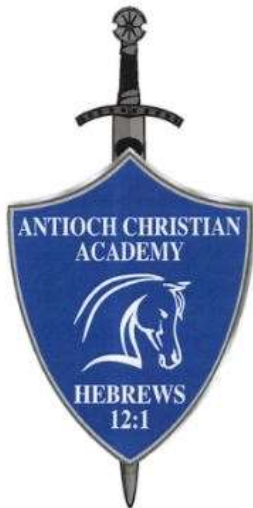
Please fill out the following form and return to Cindy Megonigle in the ACA office asap. Once she receives your paperwork, she will build each K-4 family an Academy parentsweb account for you to make online payments. **ACA Extended Care and ACP tuition payments are SEPARATE.** We CANNOT transfer money from one school to the other. So you will have to make two payments each month...one to ACP for tuition and one to ACA for Extended Care.

You may scan the forms and email them to acaoffice@acacolts.com, drop them off during Summer office hours M-TH 10-3pm, mail them to ACA, Attn: Cindy Megonigle, PO BOX 7107, OKC, OK 73153 or fax them to 405.735.9525.

NOTE: We do not prorate services. If you start at the beginning of the month or the end of the month, it will be the same charge.

Student Name:			Student DOB:	
Home Phone #:		Student Gender:		
Student Address:				
Parent Name:			Parent Cell #:	
Parent Email Address:				
Parent Home Address:				

We look forward to having your student join our Extended Care family!



Cindy Megonigle
Administrative Assistant
Chief of Security
Director of Admissions

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