Prices reflect 2016-17 and are subject to change Last Revised: 2017-05-03



BCA's F.I.T. Kids After-School Program is open to all enrolled students. F.I.T. Kids After-School offers students a home-away-from-home atmosphere when their parents' schedules do not conform to a regular school day. Our mission is to create a safe, stimulating and nurturing environment; one in which a child is loved and enriched spiritually and physically with a combination of teacher-led and self-initiated activities. There are opportunities for vigorous play or quiet time, study hall and healthy snacks allowing a child to relax and re-fuel, do homework, and socialize.

We offer F.I.T. Kids After-School five days a week (Monday – Friday) from dismissal at 3:10PM – 6:00PM. Fees for F.I.T. Kids After School are not included in your child's tuition and are due monthly. Fees are assessed per day, so you only pay for the days actually used:

Prices are: \$13.00 per day 3:10PM until 4:00PM

\$22.00 per day 3:10PM until 6:00PM

\$50.00 max. per family/day

Late fees will be assessed at \$1 per minute to all students not picked up by 6:00PM.

Early Release day fees are different from the above mentioned rates.

• **Early Release days** – the fee is based on time attending.

F.I.T. Kids direct phone | 512.892.2706

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To reserve your child's space, please return this form to the Academy's Main Office.

Billing | Your weekly fees will be billed through FACTS. Billing will always occur after use. You will **only** be billed for the days used.

First Name	Last Name	Preferred Name	D.O.B.
Child #2			
First Name	Last Name	Preferred Name	D.O.B.
Child #3			
First Name	Last Name	Preferred Name	D.O.B.
	edge that I have read and understand will be billed via FACTS .	BCA's F.I.T. Kids program, payment	s and guidelines
Signature of Parent/Gu	ardian	Printed Name	

Prices are: \$13.00 per day 3:10PM until 4:00PM

\$22.00 per day 3:10PM until 6:00PM

\$50.00 max. per family/day

^{**}Late fees will be assessed at \$1 per minute to all students not picked up by 6:00PM.**

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Child's Name (Print Clearly)		Age		DOB
Mother's Name				
Phone (H)	(C)		Email	
Father's Name				
Phone (H)	(C)		Email	
Pediatrician/ Physician			Phone	
Address				
Preferred Hospital				
Medical Insurance Provider			Phone	
Policy #		Group #		
Name of Primary Insured				
In case of an emergency, please List	3 persons who can b	e contacted in the	event we are no	ot able to reach you:
Name	Phor	ne		Relationship to Child

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Child's Name (Print Clearly)					
Allergies – Please list any food, environmental or first aid related allergies your child has:					
Please list three persons who are authorize	d to pick up your child.				
Name	Phone	Relationship to Child			
Please list anyone who is NOT permitted to	o pick up your child.				
Name		Relationship to Child			