



Joshua Christian Academy
 924 St. Clair Street
 Jacksonville, Florida 32254
 (904) 388-2227

EXTENDED DAY APPLICATION

Student's Name _____ Enrollment Date: _____

Parent/Guardian Name _____ Grade _____

Address _____
 Street City State Zip

Contact Numbers:

Home _____ Work _____

Cell _____ Cell Carrier: _____

Person(s) authorized to pick up the student other than the parent or legal guardian:		
_____	_____	_____
Name	phone number	relationship
_____	_____	_____
Name	phone number	relationship
_____	_____	_____
Name	phone number	relationship

Please Check One:

- ___ **Before CAMP (6:30 AM - 8:00 AM)**
- ___ **After CAMP (5:00 PM - 6:00 PM)**
- ___ **Before and After CAMP (includes both)**

PLEASE READ

I understand that once my child(ren) have enrolled in extended day, I am responsible for payment regardless of holidays, including Thanksgiving, Christmas and Spring Break, planning days, absences, personal vacations inclement weather, Hurricane, Tornado, etc. **NO FEE WILL BE PRORATED, TRANSFERRED OR REFUNDED FOR ANY REASON.** I further understand that payment is due on or before FRIDAY preceding services and that the late fees policy will apply to unpaid fees. Services will be terminated immediately until the fees are paid in full. I will be billed weekly until my account is brought current and a **letter of withdrawal** is submitted. By signing this form I acknowledge that I have read and understand the extended day payment policy.

 Parent/Guardian Signature

 Date