

VCA KidZone Enrollment Status Form



We are excited to offer Morning and Afternoon KidZone for all Victory Christian Academy students (Kindergarten – 8th grade). Please review the following information and return this form to the VCA Office. **All students must be supervised by a VCA staff member AT ALL TIMES.** If students are on the VCA Campus prior to 7:30 and are not supervised by a VCA staff member, they will be checked into the morning KidZone program and your account will be charged accordingly. **If K – 8th grade students remain on campus after 3:30 pm, they will be checked in to the after school KidZone program.** Parents/guardians are required to sign students out with the KidZone staff.

IMPORTANT INFORMATION

- ❖ KidZone payments are due by the 1st of every month. Accounts must be current in order to attend KidZone.
- ❖ Morning KidZone may be utilized on a daily basis at **\$8.00** each time.
- ❖ Morning KidZone is provided from 7:00 AM to 7:30 AM at **\$30.00** per month.
- ❖ Paying Morning KidZone in advance, year-in-full, will provide a discount of \$30.00. \$270.00 (non-refundable) must be paid by August 1st.
- ❖ Afternoon KidZone may be utilized on a daily basis at **\$12.00** each time.
- ❖ Afternoon KidZone is provided from 2:45 PM to 6:00 PM at **\$168.00** per month.
- ❖ Paying Afternoon KidZone in advance, year-in-full, will provide a discount of \$180.00. \$1,500.00 (non-refundable) must be paid by August 1st.
- ❖ It is the parent's responsibility to update the student's enrollment on the Enrollment Form when attendance changes or discontinues.
- ❖ All children must be signed out by 6:00 PM. Late pickups after 6:00 PM will result in a \$1.00 per minute fee that must be paid using a payment envelope at time of pick up or drop off the next school day.

PLEASE PRINT:

Student's Name _____ Age _____

Teacher's Name _____ Grade _____

Please enroll my child in the Monthly Morning KidZone program beginning _____ at **\$30.00 per month.**
Specify Date

Please **DISCONTINUE** my child's enrollment in the Monthly Morning KidZone program effective _____.
Specify Date

My child will attend the Morning KidZone program as needed at the rate of **\$8.00 per day.**

Please enroll my child in the Afternoon KidZone program beginning _____ at **\$168.00 per month.**
Specify Date

Please **DISCONTINUE** my child's enrollment in the Monthly Afternoon KidZone program effective _____.
Specify Date

My child will attend the Afternoon KidZone program as needed at the rate of **\$12.00 per day** and I will communicate that need each day to my child's homeroom teacher and the VCA Office.

I understand that my child will not be able to attend KidZone if my account is delinquent.

Parent's Signature _____

Date _____

KidZone Contact: Rachael Bowen
KidZone Billing: Michael Cascioli

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mcascioli@victorylakeland.org

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Phone: 863-859-6000, ext. 336