



REACH Continuous Enrollment Form 2025-26

The Christ School's REACH program is for students who need care before or after school. Each child who participates in REACH must be enrolled for the full academic year. The REACH program follows the school calendar. After-school REACH may not be provided on days of early dismissal.

By completing this form, I wish to enroll my child(ren) in The Christ School REACH program and agree to the following terms:

- I understand the REACH program follows The Christ School calendar.
- I understand the hours of operation are 7:00-7:45 am for morning care and after school until 6:00pm.
- Students picked up after 6:00pm will be charged a \$20 late fee, and \$1 per minute for every minute after 6:15pm. Students who are repeatedly picked up late may be dismissed from the program.
- Students must be signed out by an authorized person listed in the student's FACTS account.
- The annual cost for REACH will be added to my FACTS account and withdrawn on the same date(s) as tuition.
- I understand I am able to increase the number of days enrolled in REACH but not decrease the number of days.
- For any additional days of attendance above the contracted number, I understand a drop-in fee of \$30 per child per day will be billed through FACTS.
- I understand I am executing a continuous enrollment contract. Any changes to the contract for the upcoming school year must be submitted in writing to the REACH Coordinator on or before May 8th.
- If I decide to discontinue use of the REACH program after executing the contract, yet prior to my child's first day of attending the program, I am responsible for 20% of the annual cost.
- After my child has started the program, I am obligated to pay 100% of the annual cost.

Morning Care: 7:00 - 7:45am

Days / Wk	Annual Cost	# of Students	Total Cost
5	\$785		

After School Care Until 6:00pm

Days / Wk	Annual Cost	# of Students	Total Cost
1	\$675		
2	\$1,280		
3	\$1,900		
4	\$2,500		
5	\$3,125		

_____ Student Name	_____ Grade	_____ A.M.	_____ P.M.	_____ # of Days
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_____ Student Name	_____ Grade	_____ A.M.	_____ P.M.	_____ # of Days
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_____ Student Name	_____ Grade	_____ A.M.	_____ P.M.	_____ # of Days
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I have read and understand the information above and agree to abide by the policies of the REACH program and those of The Christ School.

Signature of Parent Date

Print Name of Parent