



## **THE ALPHABET CLUB INFORMATION 2023-2024**

Dear Parents,

Christian Community School offers a before and after school child care service(The Alphabet Club) for children in preschool through 10th grade. This is the fourth year for this program that will run through the 2023-2024 school year. ABC Club will be located in the Cafeteria at Christian Community School. Drop off and pick up will happen at the front door of the building, at the Preschool Door. Upon arrival for pick up, you will message Krista Smith, via Parent Square or text message and the onsite care provider will bring out your child(or children).

The Alphabet Club will be available each morning at 7am until school begins at 8am. The afternoon hours are from 3pm to 5pm. You may drop off or pick up your child (or children) at your convenience during these hours. Children may attend both sessions. You can sign up for as many days and times needed. In order to best plan activities and snacks we ask that the schedule be set 2 weeks in advance. Last minute add ons due to emergencies are allowed and understood. There must be at least 4 students signed up for a timeframe in order for Alphabet Club to be open. **This program is not in operation any days that the school is not in session. The morning portion of the program is not in operation on days that there is a 2 hour delay.**

The cost of this program is currently \$5 per hour per child. A per family admin fee of \$30 is required but \$20 of it will be put in your account towards your first few hours of care. You will prepay for the hours of care needed 2 weeks in advance. The coordinator, Krista Smith will keep record of each family's account balances and provide updates. The time can be tracked to the quarter hour and there should always be enough funds in your account to cover a 2 week timeframe. If your child is sick or anything comes up where care is no longer needed, please provide 24 hours notice, otherwise you will still be charged for that day and time. A snack will be provided at the after school session only, if you would like to send a morning snack for your child to eat before school feel free too. If you would like to send a snack to share please contact the Coordinator first to verify allergies as well as proper distribution. If you are interested in using this service, please complete the registration form, attach the required admin fee and return it to The Alphabet Club coordinator or the Main Office. All checks should be made to Christian Community School with The Alphabet Club in the memo.

CCS is so excited to be offering this program for another school year. If you have any questions feel free to contact the coordinator, Krista Smith, her contact information is below.

In Christ,  
Christian Community School

Coordinator Contact Information: Cell phone: 440-391-3743 Email: [ksmith@christiancommunityschool.org](mailto:ksmith@christiancommunityschool.org)



## THE ALPHABET CLUB REGISTRATION FORM

(1st) Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

(2nd) Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

(3rd) Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

(4th) Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Email(s): \_\_\_\_\_ Work Phone#: \_\_\_\_\_

In case of an emergency and parents cannot be reached, please call:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

### MEDICAL INFORMATION

1. List any special medical situations and/or allergies: \_\_\_\_\_

\_\_\_\_\_

2. List any medications currently being administered to the child: \_\_\_\_\_

3. Child's physician or clinic: \_\_\_\_\_ Phone#: \_\_\_\_\_

The following is authorized to pick up my child (children) from The Alphabet Club:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### ANTICIPATED USE OF THE PROGRAM

(Please circle appropriate sessions and days)

Morning DROP OFF Time: \_\_\_\_\_ ALL DAYS or M T W TH F

Afternoon PICK UP Time: \_\_\_\_\_ ALL DAYS or M T W TH F

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_