



# Harvest Christian Academy

3720 Birch Street • Baker City • OR 97814

Office: 541.523.4233

## HCA XTRA – School *after* School Application

Father Name \_\_\_\_\_

Mother Name \_\_\_\_\_

Which months will you need School *after* School?

- Sept     Oct     Nov     Dec     Jan  
 Feb     Mar     Apr     May

### PACKAGE 1 MONDAY – THURSDAY 11:30 – 5:15 & FRIDAY 7:45 – 5:15

STUDENT NAME	GRADE	COST \$360

### PACKAGE 2 MONDAY – THURSDAY 1:30 – 5:15 & FRIDAY 7:45 – 5:15

STUDENT NAME	GRADE	COST \$280

### PACKAGE 3 MONDAY – THURSDAY 3:30 – 5:15 & FRIDAY 7:45 – 5:15

STUDENT NAME	GRADE	COST \$200

### PACKAGE 4 MONDAY – THURSDAY 11:30 - 1:30

STUDENT NAME	GRADE	COST \$120

### PACKAGE 5 MONDAY – THURSDAY 11:30 - 3:30

STUDENT NAME	GRADE	COST \$200

### PACKAGE 6 MONDAY – THURSDAY 11:30 – 5:15

STUDENT NAME	GRADE	COST \$280

**PACKAGE 7** MONDAY - THURSDAY 1:30 - 3:30

STUDENT NAME	GRADE	COST \$120

**PACKAGE 8** MONDAY - THURSDAY 1:30 - 5:15

STUDENT NAME	GRADE	COST \$200

**PACKAGE 9** MONDAY - THURSDAY 3:30 - 5:15

STUDENT NAME	GRADE	COST \$120

**EARLY DROP OFF** MONDAY - THURSDAY 6:45 - 7:45

STUDENT NAME	GRADE	COST \$60

I agree to pay for the **School after School** services requested on or before the 1<sup>st</sup> day of each month. If payment is not received no services will be rendered.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_