



KING'S WAY

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62026-2027 Before & After Care Rates

KWA Club Before Care:

King's Way Academy and Erwin Valley students from 7:15am to 8:15am

KWA Club After Care:

King's Way Academy and Erwin Valley students from 2:45pm to 5:45pm*

*Students not picked up by 2:45pm, are considered in After Care. If students are not picked up by 5:45pm, a \$10 fee will be added to your invoice.

Drop-in Rates:

- Before Care Drop-In Daily Rate: \$16/day per student
- After Care Drop-In Daily Rate: \$26/day per student
- Before & After Care Drop-in Rate: \$32/day per student
- Sibling Discount: 10% off (as long sibling is utilizing KWA Club on the same day)

**Drop-in rate not to exceed 2 days a week.*

Weekly Rates:

- Before Care Weekly Rate: \$52/week per student
- After Care Weekly Rate: \$104/week per student
- Before & After Care Rate: \$130/week per student
- Sibling Discount: 10% off (as long sibling is utilizing KWA Club on the same schedule)

**With the weekly rate you are paying whether you miss a day or not. This rate holds your child's spot in our program.*

Snack Fee: \$20/month per student (in lieu of providing snacks)

Important Notes:

- Bi-weekly invoices are sent out by email the Monday before payment is due.
- Families more than five (5) business days delinquent will be charged a \$10 fee.



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- Families two or more weeks delinquent will not be permitted to use Before or After Care until the balance is paid in full.
- Payments may be made via cash, check, Brightwheel or bank transfer.
 - Please make checks payable to: King's Way
 - Please clearly label your payment and place it in the white box located at the Welcome Desk.
- Before & After Care will only be offered on days in which King's Way is scheduled to be in session.
- In the event of inclement weather delays, Before Care will not be offered.
- In the event of school cancellations, neither Before nor After Care will be offered.

Billing Contact info: kwawarriors@gmail.com or 607.438.2908



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2026-2027 KWA Club Intent

Child/Children: _____

Usage (circle one): Occasionally OR Regularly

Circle one: Before Care After Care Both

Days (circle which days you would use):

Monday Tuesday Wednesday Thursday Friday

Parent Signature

Date: ____/____/20__