



KING'S WAY

you belong here

2025-2026 Before & After Care Rates

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

KWA Club After Care: King's Way Academy students 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.

Before Care Drop-In Daily Rate: \$15/day per student

After Care Drop-In Daily Rate: \$25/day per student

Before & After Care Drop-in Rate: \$30/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.

***Before Care Weekly Rate:** \$50/week per student

***After Care Weekly Rate:** \$100/week per student

***Before & After Care Rate:** \$125/week per student

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

Sibling Discount: 10% off (as long sibling is utilizing KWA Club on the same schedule)

*Please note with the weekly rate you are paying whether you miss a day or not, it is holding your child's spot in our program.



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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. Families two or more weeks delinquent will not be permitted to use Before or After Care until the balance is paid in full.

Please make checks payable to: **Kings Way**. Place clearly labeled payment in the white box located at the Welcome Desk. See last page for ways to pay.

Before & After Care will only be offered on Kings Way scheduled school days. 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: Chloe Marmor
cmarmor@kwawarriors.org or 607.438.2908

Please sign the last page indicating agreement to the above terms. **KEEP THESE FIRST TWO PAGE FOR YOUR RECORDS!**



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2024-2025 KWA Club Application

Child's Full Name: _____

Date of birth: ____/____/____

Name child goes by: _____ Gender: M F

Parental status:

Married Divorced Unmarried Guardian Widow(er)

With whom does the child live?

Mother Father Both Other _____

Name of Parent(s): _____

Email: _____

Phone: _____

Address: _____

Who is authorized to pick up your child?



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Has your child ever been screened or evaluated for: ADD, ADHD, learning disabilities, or other areas which can impact learning?

Yes

No

If yes, explain:

Please share any major events that have occurred during your child's life that Kings Way should be aware of (relocation, death in the family, divorce, major illness/surgeries, etc):

HEALTH ISSUES -- Please identify any special health concerns/allergies about which we should be aware:

Emergency Contact (Name, Relation, and Phone#):



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Usage (circle all that apply):

Regularly (choose the applicable days):

Before Care

M T W Th F

After Care

OR

Occasionally

If occasional, how frequent per week or month? _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____