

ASTEP Information & Enrollment Form – 2026-27

After School Training and Enrichment Program

Payment Due dates & Payment Plans

Annual Payment & 10-month payment plan: due September 1st

12-month payment plan: First payment is due July 1st

Annual Registration \$120 Early Bird Emergency Plan Registration \$40	10-month plan of payment	12-month plan of payment	Annual payment
# DAYS PER WEEK	MONTHLY FEE	MONTHLY FEE	MONTHLY FEE
1	\$81.68	\$68.06	\$816.75
2	\$163.35	\$136.13	\$1,633.50
3	\$217.80	\$181.50	\$2,178.00
4	\$272.25	\$226.88	\$2,722.50
5	\$326.70	\$272.25	\$3,267.00
Emergency (3 days/year) Additional 3 days may be added as needed.	\$150 (one-time)	\$150 (one-time)	\$150 (one-time)

HOURS/DAYS OF OPERATION

- Monday-Thursday, 3:00 pm to 6:00 pm
- Friday, 2:00 pm to 6:00 pm
- Minimum days, 12:00 pm to 6:00 pm

HOLIDAYS

ASTEP will be closed for all school holidays as per the published calendar. Parents must secure alternative childcare for these dates.

REGISTRATION: The Annual Registration & Supply fee of \$120 (\$60 for the Emergency plan) is a non-refundable fee applicable to all students, except when KCA denies admittance to the program.

PAYMENT POLICY: Fees incurred are billed and due on the first of each month. The monthly fee for KCA ASTEP care is based upon the number of days per week you agree to use the program, not the actual hours of attendance.

LATE PICK-UP: The program ends at 6:00pm each day. If your student has not been signed out and picked up by 6:00pm, **you will be billed at \$1 per each additional minute.**

WITHDRAWAL: A one-month written notice of intent to withdraw your student from ASTEP is required.

By enrolling your student in the ASTEP program at KCA, you agree to abide by all guidelines set forth on the previous page of this packet and in the ASTEP Policy & Procedure found in the Parent Student Handbook.

ASTEP ENROLLMENT FORM

My student(s) will attend ASTEP on the following day(s):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Emergency Plan

ASTEP CONTACT INFORMATION

STUDENT(S) NAME: _____

Emergency Contact Authorized for pick up:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

My student(s) and I understand that participation in ASTEP is a privilege. We have read and understand the ASTEP policies in the Parent Student Handbook, and agree to comply and pay the monthly invoice on time.

Name of Parent or Guardian (please print)

Signature

Date