Student(s):_____ Grade(s):_____

NOVEMBER 2026

Please circle the dates your child will attend the After-School Program.
Return this form to the school office or place it in your child's folder.
If your child is new to the program, please complete the required emergency forms & billing acknowledgement.

***Program Rates**

$8.00 per hour for one child
$7.50 per hour per child when more than one child of a family attends

***Program Hours**

Preschool: 2:30–5:30 PM Grades K–6: 3:15–5:30 PM Half days/early release: 12:30–5:30 PM

2 **NO SCHOOL** **District Inservice Day**	**3**	**4**	**5**	**6**
9	**10**	**11** **NO SCHOOL**	**12** **12:30 DISMISSAL**	**13** **12:30 DISMISSAL**
16	**17**	**18**	**19**	**20**
23	**24**	**25** **12:30 DISMISSAL**	**26** **NO SCHOOL THANKSGIVING BREAK**	**27** **NO SCHOOL THANKSGIVING BREAK**
30	**December 1**	**2**	**3**	**4**