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

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**

$7.50 per hour for one child

$6.50 per hour per child when more than one child of a family attends

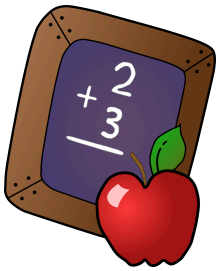
***Program Hours**

Preschool: 2:30–5:30 PM

Grades K–6: 3:15–5:30 PM

Half days/early release: 12:30–5:30 PM

September 2026

		**2** **12:30 Dismissal**	**3** **12:30 Dismissal**	**4** **12:30 Dismissal**
7	**8**	**9**	**10**	**11**
14	**15**	**16** **12:30 Dismissal**	**17**	**18**
21	**22**	**23** **12:30 Dismissal**	**24**	**25**
28	**29**	**30**	**Oct. 1**	**2**

BSP/ASP Billing Acknowledgement:

By submitting this form, you acknowledge that monthly billing is based on the hours your child attends and agree to review and pay invoices according to the program's billing schedule.

Signature _____ date_____