



## New London School District's After School Program

Readfield Elementary 4K-4<sup>th</sup> Grade

2025-2026

Dear Parents:

The Readfield After School Program will start on Tuesday, September 2nd, 2025. We have an excellent staff and many activities for your child to participate in after school. Our schedule includes a healthy snack and homework time between 3:10-4:30 p.m. followed by free choice activities from 4:30-5:30 p.m.

The program will run Monday – Friday from 3:10- 5:30 p.m. Parents may pick up their child at any time prior to 5:30 p.m. A late fee of \$6.00 per child per 15 minutes will be charged for any child being picked up after 5:30 p.m. Our program will run on full school days. The after school program will not run on days when school is dismissed early or canceled due to bad weather. Readfield Elementary reserves the right to cancel the After School Program should extenuating circumstances arise.

The fee for the 2025-2026 school year: \$6.00 per day for students that are not on free or reduced lunch; \$4.00 per day for students that are on reduced lunch; \$2.00 per day for students that are on free lunch; \$50.00 cap per family per week. This fee includes a healthy snack. Fees are calculated monthly and a bill will be sent home with your child the first week of each month. Payments can be made using eFunds. Checks should be made payable to the School District of New London.

Attached you will find a permission slip that must be completed before your child may attend the After School Program. All accounts must be kept current in order for your child to continue attending the after school program. Please note that parents are responsible for transporting their child home in the evening.

The after school program's phone number is 920-250-6591, if you need to speak to any of the supervision adults between 3:10-5:30 p.m.

Please feel free to contact Kristin Grable at 920-250-6590 with any further questions or concerns..

Sincerely,

Kristin Grable, Principal

Readfield Elementary

*Nondiscrimination statement:*

*It is the policy of the School District of New London that no person may be denied admission to any public school or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, extracurricular, pupil services, recreational or other program or activity because of the person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.*

## Readfield's After School Program for Students in 4K-4th Grade

Child's Name \_\_\_\_\_

Child's School \_\_\_\_\_ Child's Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Home and Cell Number(s) \_\_\_\_\_

Work Number(s) \_\_\_\_\_

Emergency Contact Person(s), phone number(s) & relationship to child:

\_\_\_\_\_

Authorized Person(s) to pick up child other than parents:

\_\_\_\_\_

- I understand that my child's homework may be started but may not necessarily be completed.
- I understand it is my responsibility to provide transportation home. If a need arises for another adult to pick up my child, I will contact the program.
- I understand that a \$6.00 late charge will be implemented after 5:30 p.m./child per 15 minutes. If there is a late pickup, after 3 times, the child(ren) will be dismissed from the program.
- I understand that the program will not run on days that school is released early or canceled due to inclement weather.
- I understand that I will be billed monthly and my account must be paid in full each month in order for my child to continue to attend the After School Program.
- I understand a progressive discipline model will be implemented to determine a child's eligibility for continuation in the program. I also understand that the progressive discipline progression may not be followed in order shown below due to severity of behavior exhibited.
  - 1st offense: Sent home from ASP with a warning
  - 2nd offense: Sent home from ASP with 1 day suspension
  - 3rd offense: 10 school days suspension from ASP
  - 4th offense: 20 school days suspension from ASP
  - 5th offense: Suspension from ASP for the remainder of school year

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Do school officials have your permission to transport or secure emergency medical treatment for your child if an illness or accident occurs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have any special health concerns or behavior issues the after school works should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_