



## New London School District's After School Program

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

2023-2024

Dear Parents:

The Readfield After School Program will start on Tuesday, September 5, 2023. 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 3:15-4:30 p.m. followed by free choice activities from 4:30-5:30 p.m.

The program will run Monday – Friday from 3:15- 5:30 p.m. Parents may pick up their child at any time prior to 5:30 p.m. A late fee of \$5.00 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 2023-2024 school year: \$5.00 per day for students that are not on free or reduced lunch; \$3.00 per day for students that are on reduced lunch; \$1.00 per day for students that are on free lunch; \$40.00 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 920-667-5368, if you need to speak to any of the supervision adults between 3:15-5:30 p.m.

Please feel free to contact Kristin Grable at 920-667-4265 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 the program may start my child's homework but I may need to assist my child to complete the assigned work from the school day. It's not the responsibility of the program to complete my child's homework each night.
- I understand it is my responsibility to provide transportation home. If a need arises for another adult to pick up my child, I will write a note of permission to do so.
- I understand that a \$5.00 late charge will be implemented after 5:30 p.m./child per 15 minutes. If there is 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 my child will be dismissed from the program if his/her behavior is not acceptable.
- 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 would like to enroll my child on the following days:

Monday       Tuesday       Wednesday       Thursday       Friday       As Needed

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:

\_\_\_\_\_