



AFTER CARE PROGRAM

- AFTER SCHOOL CARE PROGRAM IS HELD IN THE EARLY CHILDHOOD CENTER CLASSROOMS AND IS AVAILABLE TO ALL STUDENTS
- HOURS ARE 3:00PM TO 6:30PM MONDAY THROUGH FRIDAY. IF YOUR CHILD IS NOT PICKED UP BY 6:30PM A \$25 CHARGE WILL BE ADDED TO YOUR PAYMENT.
- PLAYTIME, GAME TIME, AND QUIET TIME UNDER THE SUPERVISION OF QUALIFIED SCHOOL PERSONNEL
- SNACKS AND DRINKS ARE PROVIDED
- SECURITY BELLS ARE LOCATED AT THE MOSAIC AND LOWER LOT DOORS FOR PICK UP.
- AFTERCARE PHONE # 201-509-3954

HOMEWORK HUB

- HOMEWORK HUB WILL BE HELD **MONDAY THROUGH THURSDAY** FROM 3:15PM TO 4:30PM.
- HOMEWORK WILL BE COMPLETED UNDER THE SUPERVISION OF A CERTIFIED TEACHER IN AN ASSIGNED CLASSROOM. THIS **IS NOT** A TUTORING PROGRAM.
- SNACKS AND DRINKS ARE PROVIDED
- AVAILABLE TO STUDENTS IN GRADES 1 THROUGH 8
- ANY CHILD NOT PICKED UP AT 4:30PM WILL GO TO AFTERCARE FOR AN ADDITIONAL FEE
- HOMEWORK HUB IS NOT AVAILABLE FOR STUDENTS IN AFTERSCHOOL ACTIVITIES
- SECURITY BELLS ARE LOCATED AT THE MOSAIC DOORS FOR PICK UP.

COST: AFTERCARE AND HOMEWORK HUB

- ONE TIME REGISTRATION FEE OF \$30 PER FAMILY
- \$7 PER HOUR PER CHILD, \$5 PER HOUR FOR EACH ADDITIONAL CHILD
- YOU WILL BE BILLED AT THE END OF THE MONTH FOR THE NUMBER OF HOURS YOUR CHILD/CHILDREN ATTENDED THE PROGRAM/S. IF YOUR CHILD IS NOT PICKED UP BY 6:30PM A \$25 CHARGE WILL BE ADDED TO YOUR PAYMENT. ANY CHILD NOT PICKED UP AT 4:30PM FROM HOMEWORK HUB WILL GO TO AFTERCARE FOR AN ADDITIONAL FEE.

REGISTRATION FORM FOR AFTER CARE PROGRAM AND HOME WORK PROGRAM

Please fill out this form and return to the school office with your \$30.00 registration fee.

HOMEWORK HUB ONLY AFTER CARE ONLY HOMEWORK HUB AND AFTERCARE

AFTERCARE will be offered on days when we dismiss at 12pm. 12pm Dismissal Forms are located on our website. HOMEWORK HUB is not available on half days.

Retain the above portion for your records. All children planning to attend the After Care Program must be registered. Once registration is received an emergency card will be sent to be filled out and kept on file in the school.

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Parent / Guardian's Name: _____ Home #: _____

Cell Phone#: _____ Work #: _____

CHECK THE DAYS YOU PLAN TO USE THE PROGRAM:

Monday___ Tuesday___ Wednesday___ Thursday___ Friday___