



**Belleview Elementary School After School Program Status
To Be Completed for ALL BELLEVIEW STUDENTS
2020-2021**

Child's Name _____

Grade _____

Please circle the Section # that applies to your child and initial/sign below

Section 1 My child is returning to the PM group After School Program.
(Your child must be attending the PM group cohort)

Section 2 My child is new to the PM group After School Program
(Your child must be attending the PM group cohort)
Enrollment for incoming ASP students is based on:
1. **Need** (Please check need below)
____ Both Parents work
____ Transportation
____ Other _____

2. First come first served

Please note TK / Kindergarten students are enrolled on a trial basis. Enrollment is based on student's ability participate successfully in all aspects of the program.

Section 1 and 2 complete Below:

- _____ I have received and read the After School Program Handbook.
- _____ I understand my child must attend the program daily **M-Th** until at least 4:00 pm
- _____ Homework:
- _____ **Grades K-1** I understand my child will have academic learning through hands on activities offered in several classrooms of the program.
- _____ **Grades 2-3** I understand homework is offered between 3:00-4:00pm and if my child is picked up before 4:00 they will not have the full advantage of academic support.
- _____ Homework will be initialed by ASP staff and should be reviewed daily by parents.
- _____ I understand anyone picking up my child from ASP must be on my pick up list. Additional persons can be added in writing in the school office or with the ASP Director.
- _____ I understand ASP follows all school policies and procedures (Unless otherwise discussed)
- _____ This includes technology, cell phones, behavior etc.

Section 3 _____ **My child may attend ASP for a partial day during Emergency School Closures only.**

Parent Signature _____

