



**Belleview Elementary School After School Program Status
To Be Completed for ALL BELLEVIEW STUDENTS
2021-2022**

Student's Name _____

Grade _____

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

Section 1 My child is returning to the After School Program
(Was enrolled at the end of the last school year)

Section 2 My child is new to the After School Program

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

Section 3 My child may attend ASP due to Emergency School Closures

Please READ and INITIAL if checked section 1 or 2:

- _____ I have received and read the After School Program Handbook.
- _____ ASP operates from school dismissal until 6pm each school day.
- _____ I understand ASP requires a commitment to attend each school day.
- _____ I understand that **ASP** is **NOT** responsible for the completion of homework. **ASP** will encourage homework completion but ultimately it remains the responsibility of the parent and the student to ensure that homework is completed and turned in on time.
- _____ **Grades K-1** I understand my child will have academic learning through hands on activities offered in several classrooms of the program. **Grades 2-8** I understand assistance with homework will be offered between school dismissal until 6pm each school day.
- _____ 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.

Parent Signature _____





Belleview Elementary After School Program

PERMISSION FOR OTHERS TO PICK UP MY CHILD

Please list below any persons allowed to pick up your child:

Name Relationship

Name Relationship

Name Relationship

Name Relationship

MEDICAL CONDITIONS/ MEDICATIONS/ ALLERGIES

Please list below any medical conditions or allergies your child may have that our staff should be aware of:

Please list below any medication your child may take:

