

Carolina Day School MIDDLE SCHOOL AFTER-SCHOOL PROGRAM for 2010-2011

NOTE: Return form to Stephanie León by May 28, 2010.

This form has space for up to two students.

In order to ensure that CDS middle school students are safe and responsibly supervised, there will be an **After-School Program** from 3:45-6:00 p.m. in the cafeteria. **Students taking part in this program must be picked up NO LATER THAN 6:00 p.m.** Options for the program are three days per week, five days per week, or individual days as needed or required. Although your child may attend the program for fewer days than you originally indicate on this form, you will be charged for that number of days. We will try to accommodate family situations that change during the semester. Parents of students who need to use this service only on rare occasions must pay \$8 on the day their child attends.

Middle School students remaining on campus after 4:00 p.m. (unsupervised by an adult) will be required to participate in the program even though they are not officially signed up. Students attending CDS home athletic events will not be required to stay in the After-School Program as long as they are picked up promptly after the game.

Parents will be billed based on the following program costs:

Five days per week: \$1,025 per year / \$512.50 per semester
Three days per week: \$ 615 per year / \$307.50 per semester

Parents/guardians who realize they cannot pick up their middle school child(ren) at the regular dismissal time should call the middle school administrative assistant before 2:00 p.m. to report the situation. We will then inform the child(ren) to attend the After-School Program and advise the program director to expect your child that afternoon.

If you have specific questions concerning extended care, call the middle school principal.

List the name of each child you are enrolling in the After-School Program:

Child's name: _____ Grade _____

Child's name: _____ Grade _____

Indicate the number of days:

5 days per week

3 days per week - **Circle Days:** M T W T F

Billing Preference:

Annually

Semi-Annually

Names of parents/guardians: _____

Daytime phone number : Mother: _____ Father: _____

Person to contact if parents cannot be reached in an emergency:

Name: _____

Phone Number: _____