

**Mt. Bethel Christian Academy**  
**Middle School After School Program**  
**Academy Phone: 770-971-0245**

**AFTER SCHOOL PROGRAM POLICY AND REGISTRATION**  
**2009-2010 School Year**

We are excited to offer a Middle School After School Program for the 2009/2010 school year. Each afternoon, registered students will have a period of time to work on homework and then will have the opportunity to participate in recreational activities, computer use, and/or attend Middle School athletic events, etc.

The After School Program will be available Monday through Friday from 3:15 to 6:00 PM for middle school students. **Families will be required to sign up for the particular days of the week they want After School Program care a week in advance.** (On Monday, families will need to inform the ASP director which days their student will be at ASP the **FOLLOWING** week.) Drop in care will be available. On early dismissal days, the After School Program will be available beginning at noon. **The After School Program will not be available on teacher workdays, student holidays, afternoons before Thanksgiving break, Christmas break, Easter/Spring break, or the last day of school.**

All students **must** be signed out of the After School Program daily by a parent, guardian or other pre-designated caretaker. Adults may be asked to show proper identification prior to students being released to their care.

- ❖ **The cost of the After School Program will be billed monthly at \$12.00 per day. On early release days, an additional \$8.00 per day will be billed. \*\*Students will need to bring a lunch from home on early release days.\*\* A late fee of \$1.00 per minute will be charged for pick-up after 6:00 PM. No refunds will be given for missed days.**
  
- ❖ If you wish to register your middle school student for this program, please complete the form below and return to the Academy office **by June 1, 2009**. Please contact Julie Smith, Middle School Principal, if you have questions.

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**Registration 2009-2010**

**Middle School After School Program**

CHILD'S NAME \_\_\_\_\_ GRADE (2009-2010) \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

CELL \_\_\_\_\_ INDICATE WHICH DAYS YOU WILL NEED AFTER SCHOOL CARE:

\_\_\_\_\_ MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_ THURSDAY \_\_\_\_\_ FRIDAY

**No Refunds will be given for MISSED OR CANCELLED days.**