

## **After School Program Information**

**\*The below emergency contact form MUST be completed before your student may attend the after school program.**

**Coordinator: Brande Grantham**  
**cell: 404-660-2904**  
**email: bgrantham@wcalions.org**

**Hours** - 2:50-5:15 (any students left in the building at 2:50 will automatically go to ASP)

**Late Fee** - \$5 per child will be charged if signed in but picked up between 2:50-3:00

**Cost** - \$15 per child, per day. Charges are tallied and billed *monthly* to your FACTS account.

**Who is it for?** - All Lower School students- PreK-5th grades

**Sign-Up** - We ask that parents **sign up in advance** on a digital calendar via the Team Up link that is sent out weekly in the schoolwide announcements and can also be found under the “parents” tab on the WCA website.

### **Tentative Schedule -**

- 2:50 After School Sign In
- 2:50-3:00 Restroom/ Snack Time (please send a snack with your child for ASP)
- 3:00-3:30 Homework Time (grades 1-5)/ Indoor Play (PreK-K)
- 3:30-4:30 Outside Playtime at playground
- 4:30-4:40 Restroom Break
- 4:40-5:10 Playground
- 5:10-5:15 Clean Up/Pack up

### **Pick Up -**

- Only individuals listed on the emergency information form may sign out student(s). In the case that someone else must pick up your child, please give written permission via text, note, or email to the After School Coordinator.
- If you are running late, please inform the coordinator. Pick-up after 5:15 will result in a late fee.
- Students are not permitted to be released from school to sports practices, club meetings, or other activities of older siblings.
- Only **driving** older siblings may sign out a student.
- **If you are picking up your child from 2:50-3:30, please do so at the Music/STEM door of the Lower School. Pick up from 3:30-5:15 will be at the playground. In the event of inclement weather, pickup will be at the Music/STEM door of the lower school and this change will be communicated to parents by 3:30 of that day.**

## After School Program Emergency Information Form

Please complete the following form and return it to your child's homeroom teacher. **All** students must have this form on file to attend the ASP program.

Name of Student(s): \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent(s): \_\_\_\_\_ Cell#: \_\_\_\_\_

\_\_\_\_\_ Cell#: \_\_\_\_\_

Allergies: \_\_\_\_\_

If yes, emergency procedure: \_\_\_\_\_

\_\_\_\_\_

Please list all the following adults that are allowed to pick up your child:

\_\_\_\_\_ Cell#: \_\_\_\_\_

\_\_\_\_\_ Cell#: \_\_\_\_\_

\_\_\_\_\_ Cell#: \_\_\_\_\_

\_\_\_\_\_ Cell#: \_\_\_\_\_

\_\_\_\_\_ Cell#: \_\_\_\_\_

\_\_\_\_\_ Cell#: \_\_\_\_\_