<u>St. John Vianney After – School Study Program</u>

Students in Grades 4-8 are eligible to take part in our After School Study Program.

The cost to attend After School Study Hall is \$10.00 a day

 \cdot Study Hall runs from 3:30 - 5:30

• Students must be picked up at a pre-established time at or before 5:30.

 \cdot Students not picked up at or before 5:30pm will be taken to and charged for Child Care, which closes at 6:00 P.M.

· Students may go directly to sports practice.

 \cdot Parents need to email/contact one of the teachers below for their student to be dismissed to the gym for practices.

· Students will be excused five minutes before practice to change.

The After School Study Hall will take place in Room 17. You may call the room directly at (532-7001 ext. 367) if you need to get ahold of the teacher in charge. Normally, students will not be allowed to call home.

The After-School Study Program is a study hall, not child care. Regular classroom expectations will be enforced. Families will be billed monthly through their School Finance accounts. For continued participation, students must:

- Use the time productively for homework, study, or approved reading
- Be respectful of others as they work
- Be picked up at or before 5:30pm (Parents, please ring the doorbell on the Northwest side (staff parking lot) of the building to pick up your child.)

Please fill out and return the attached form if you wish to sign your child up for Study Hall. (We can keep the form on file for situations in the future when you may want/need this option. Students may not stay without this form.

After School Study Hall Registration Enrollment Form

Yes, I want my child to be enrolled in the After-School Study Program at SJV. I agree to pay \$10 a day for the service and understand that my child is expected to follow regular school rules and guidelines as a participant.

Payments will be made through my School Finance. I also understand that students may be removed from the program if there are behavior concerns that disrupt the program for others.

Student's Nam	e		Grade	e
Student's Nam	e		Grade	2
Parent name (p	lease print)			
Parent signatur	re			
Phone number				
Please check th	ne days that you	plan on needing th	ne program with the	he understanding that
students who s	ign up will be o	n the daily attenda	nce list and are all	lowed to take part on
other days if no	ecessary. For exa	ample, a "Monday	/Wednesday" regu	ular could come on a
Tuesday witho	ut extra notifica	tion. Families are	billed for all days	of attendance each
month.				
My child will a	attend everyday	M-F		
My child will a	attend only the d	lays below:		
Monday:	_ Tuesday:	Wednesday:	Thursday:	Friday:
My Child will	be Drop-in only	(no set day):		