

# HLA After-School Program Information and Application

2024-2025

HLA offers a free after school program to all enrolled students. This program exists to meet the needs of families and is funded by the ASES Grant and the Expanded Learning Opportunities Grant. The program has an academic focus with tutoring and homework support, as well as, enrichment and physical opportunities. All after school program students receive a free dinner after school.

After School Program Schedule: Monday- Thursday 3:00-6:00 PM  
Friday 12:30-6:00 PM

STUDENT NAME: \_\_\_\_\_ GRADE FOR 24-25: \_\_\_\_\_

Please check whether or not you intend to participate in the after-school program for 2024-25. If yes, please complete the rest of the application.

No, I do not intend for my child to participate in the after-school program for 2024-25.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Yes, I would like my child to participate in the after-school program for 2024-25.  
(Please complete the rest of the form.)

## After-School Program Application

The after-school program seeks to mirror the policies and processes that exist during the regular school day. Parents/Guardians who enroll their child(ren) in the program must agree to the following:

- 1) **Attendance Policy-All students are encouraged to attend the full program every day that they attend school, Monday-Friday. Priority is given for students who need access to the program full time.**
- 2) **Sign-out/Early Release Policy-Students must be signed out by a parent or guardian and provide a reason for leaving early per the following options:**
  - Family emergency
  - Appointment
  - Transportation
  - Illness
  - Safety
  - Offsite program
  - Other
- 3) **Behavior Policy- The After-School Program adheres to the Discipline Policy, school rules and guidelines of the regular school day as outlined in the Parent and Student Handbook.**
- 4) **Late Pick-Up Policy- All students must be picked-up on time. Students who are picked up late more than three (3) times per school year will be removed from the program.**

***I have read and understand all of the information above. I agree to adhere to all of the HLA After-School Policies and Guidelines and help my student understand and follow HLA After-School guidelines.***

Parent/Guardian 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_