

# Chamisa Elementary Before-School Program

**\*\*Monday – Friday: 7:30 a.m. – 8:05 a.m.\*\***

## **Dear Chamisa Families:**

Chamisa’s school hours for the 2019-20 school year are 8:20 a.m. - 3:20 p.m. (with the exception of Wednesdays, with dismissal at noon). While District Policy allows for children to be dropped off at school 15 minutes prior to the start of school (8:05 a.m.), we know the 8:20 a.m. start time creates logistical issues for some families. If your student needs to participate in the Before School Program, please read the information below, complete the form and return to the Office.

**Purpose:** To provide children a place to meet before school where they will be engaged in supervised learning activities.

**Expectations:** Participation in the Before-School Program is a privilege. Students are expected to demonstrate Safe, Responsible and Respectful behavior. Any disruptive or inappropriate behavior may result in removal from the program. Upon arrival, students will sign in and stay for the duration of the activity.

**Cost:** \$20 Activity Fee per student, per month, or \$30 per family. Fees can be paid online at our website: [www.laschools.net/chamisa](http://www.laschools.net/chamisa) or with a check payable to LAPS (no cash). If you need assistance with the fee, please contact the Office. Payment helps cover the cost of time, materials, games and computer programs to support reading! A reminder email will be sent at the beginning of each month. Thank you!!

**Dates & Times:** Monday – Friday from 7:30 a.m.-8:05 a.m. **Please do not arrive prior to the start time. There will be NO activities on late start days.**

**\*\*Please complete the section below and return to Office\*\***

.....  
Yes, my child(ren) will be participating in the Chamisa Before School Program from 7:30 a.m. - 8:05 a.m. I understand participation is a privilege and have discussed with my child(ren) the expectations of safe, responsible, respectful behavior. I also understand there is a \$20/month (\$30/family) activity fee, which I agree to pay.

Student #1: \_\_\_\_\_

Grade \_\_\_\_\_

Student #2: \_\_\_\_\_

Grade \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

I agree to the terms above, including the monthly activity fee:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date