



Field School After School Program 2026-2027

Fees and Payment Plan

The cost of the Field School After School Program will be \$8.00/per day per child. Payment is expected at the end of each month. If the balance is not paid at the end of the month then the student will not be able to stay for the after school program until the balance is paid. If families have special circumstances please contact the office. Families must have a \$0 balance from previous years before utilizing the program this year. Field School After School Program is not a provider through Project Child- Child Care Assistance Program. If you need to reach the after school program after the office is closed please call the school and dial extension 120.

Pickup

The program will be housed in the last classroom on the right in the junior high hallway. There will be a doorbell system (ASP) at the front door in which you will ring for pickup. Only adults listed on students' After School Program pickup list will be allowed to pick up.

Activities

Students will be provided with a light snack and a carton of milk, have time to work on homework, and have playtime at the After School Program.

Hours

After School Program students will report to the designated After School Program classroom after bus riders are dismissed. The program ends at 5:30PM. If a student is not picked up at 5:30PM emergency contacts will be called, and an extra charge of \$5 will be added for each ten minute increment that surpasses 5:30PM. **The After School Program will not be available on 11:30 dismissal days or on days when school dismisses due to inclement weather.**

Discipline

Field School handbook and rules apply during the After School Program.

Medication

If a student requires medicine after 3:00PM please have the doctor fill out a medication authorization form like you would for a regular school day. Forms can be found under Documents on www.fieldpanthers.com.

Field School After School Program Application

Date: _____

Child's Name: _____ Age: _____ Grade: _____

Parent/Guardian(s): _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Place of Employment: _____

Cell Phone #: _____ Work #: _____

Parent/Guardian Place of Employment: _____

Cell Phone #: _____ Work#: _____

Child's Physician: _____ Phone: _____

Child's Allergies: _____

The following individuals have permission to pick up the above student from the Field After School Program. (Individuals may be required to show picture ID).

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and agree for my family to abide by the rules outlined on the opposite side.

Signature

Date