

September 2016

## AFTER SCHOOL PROGRAM 2017

Weathersfield Local School District is proud to announce that there will be offered to all student of Mineral Ridge an After School Program (for the third year in a row).

### WHAT YOU NEED TO KNOW....

\*The program is at a flat monthly cost of \$85.00 one student; \$130.00 two students; \$160 three students. It doesn't matter how many days you attend that month, this is a flat rate.

\*All payments for the month are due by the first of every month.

\*We accept cash, check or money orders for payment made out to: Weathersfield Schools.

\*The *after school program* begins at dismissal until 5:00pm. At dismissal *after school students* are to report to the cafetorium. Younger children are escorted to the cafetorium. Students are to be picked up no later than 5:00pm and pick up takes place in the front of the building.

\*There is NO AFTER SCHOOL PROGRAM on Early dismissal days.

\*Please send a note with your child indicating the day they are going to start. This will ensure that your child is not placed on the end of day school bus (if your child is a school bus rider).

\*Payments may be sent to Seaborn Elementary with your child. If they are, please put payment in a sealed envelope and write "AFTER SCHOOL PROGRAM PAYMENT" on the envelope. You

can also mail your payment to: Weathersfield Schools  
Treasurer Office  
Attn: Valerie Infante  
1334 Seaborn Street  
Mineral Ridge, OH 44440

\*If you are interested in the After School Program and have questions, your contact person is Valerie Infante, (330) 505-4435 ext. 1308. Her email is [infanteval@weathersfield.k12.oh.us](mailto:infanteval@weathersfield.k12.oh.us).

# AFTER SCHOOL PROGRAM 2017

STUDENT  
NAME \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT  
NAME \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT  
NAME \_\_\_\_\_ GRADE \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Name ; \_\_\_\_\_  
Address \_\_\_\_\_

Telephone \_\_\_\_\_

Is this where you can be reached from 2:30-5:00pm? Y N

If no, please give a number where you

Can be reached during after school hours \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

After School Start Date \_\_\_\_\_

Days/Hours your child will attend \_\_\_\_\_

MEDICAL ISSUES OR ALLERGIES of any student listed above (please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*IF there is a change in any of the above information you must contact Valerie Infante in the Treasurer Office (330) 505-4435 x1308, or, email [infanteval@weathersfield.k12.oh.us](mailto:infanteval@weathersfield.k12.oh.us). \*\*\*

PLEASE complete this form and return to either the After School Teacher.

**Thank you and have a great year!**