EPIC Expanded Learning Program Information and Application Before and After School Programs

2024-2025

EPIC offers a free before and 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.

Expanded Learning Program Schedule:	Monday-Friday 6:00 AM-8:30 AM Monday- Thursday 3:00 PM-6:00 PM Fridays 12:30 PM-6:00 PM
STUDENT NAME:	GRADE FOR 24-25:
yes, please complete the rest of the applicatio	articipate in either the before or after school program for 2024-25. If on. rticipate in any Expanded Learning programs for 2024-2025.
Parent/Guardian Signature:	Date:
Yes, I would like my child to participa (Please check which program(s) and	te in the ELOP program for 2024-2025. complete the rest of the form.)
Please check one or both:	efore School AM After School PM
Expanded Lea	rning Program Application
	rror the policies and processes that exist during the regular school d(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 Expanded Learning Program adheres to the Discipline Policy, school rules and guidelines of the regular school day as outlined in the Parent and Student Handbook.
- 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 EPIC Expanded Learning Program Policies and Guidelines and will help my student understand and follow them.

Parent/Guardian 1 Name:	Signature:	Date:
Parent/Guardian 2 Name:	_Signature:	Date: