Dear ESP Parents,

It is exciting for us to say we qualified for another round of grant money to offer another year of ESP. We are currently in year 2 out of 3 for the 21st Century Learning Grant, which is awesome!

Afterschool ESP will begin on Monday, August 28. Morning ESP will begin on August 28th the ESP hours will be Mornings; Monday-Friday beginning at 7:30am. **No kids should be in the school before 7:30 as there will be no one available to watch them.**After School ESP will run Monday-Thursday from 3:30-5:30 starting August 28th. Students **MUST** be picked up on/before 5:30pm. **There will be no afternoon ESP on Fridays**, **Early Dismissal Days**, **Parent Teacher Conference Days or Concert Days**.

The schedule for ESP days will include: Snack, Recess, Homework time, a lesson/activity that relates to Science, Math, Technology or Reading, and a short recess.

Please fill out the attached application and return to Mrs. Robinson. You can review the handbook online under the ESP tab at www.mintok12.org Please review the rules and information found in that family handbook, so you will be informed of our procedures.



Sincerely,

Nicky Robinson Site Coordinator

Check out our Facebook Page for updates and news throughout the year: https://www.facebook.com/mintoesp



Minto Public School Extended School Project

Student Application Form 2023-2024 Starts August 28th, 2023

Student's Name:				
Grade	Age	Birth date		
Parent/Guardian Information: Number of People in household:				
First Parent/Guardian		Second Parent/Guardian		
Name				
Address				
Place of Work				
Email Address				
Work Phone #				
Cellular #				
Work Schedule				
Please list any medical or health cond List any allergies that your child has:	·			
Please list any medication(s) your ch medication during ESP. If so, what t		gular basis. Please specify if they will they take this ton(s) be given?		
	these activities will	hours. For example: basketball, football, piano, band take place (Fall, Winter, Day of the week etc.) example: 3:30-4:30 Mondays or After school in the Winter)		

Please identify the hours your child will attend the **before and/or after** school program by checking the appropriate boxes in the table below and filling in the estimated time of morning arrival and/or estimated time of daily pick-up after school. The Before School Program opens at <u>7:30 a.m.</u> Children may be dropped off earlier or later than specified in the morning, but <u>NOT</u> before 7:30 a.m. Children may be picked up earlier than specified if needed at the end of the day. Children do not have to attend both before school and after school to be in the program.

	BEFORE SCHOOL Please check	EST. TIME OF ARRIVAL Not before 7:30	AFTER SCHOOL Please check	EST. TIME OF PICK-UP Must be by 5:30
Monday				
Tuesday				
Wednesday				
Thursday				
Friday			No ESP	No ESP

Please remember that your child is expected to follow the schedule you have indicated. Please list names and grades of other children in the household who will be applying for ESP: Grade: _____ Name: Name: Grade: _____ Grade: _____ I GRANT PERMISSION FOR MY CHILD TO: 1. Participate in local field trips. Notices will be made prior to each field trip. YES NO Use the names and/or photos of family members for positive ESP publicity 2. YES NO (ESP Newsletters, newspaper articles etc.) Walk home after ESP - Grades 4, 5, 6 only (unless older sibling is checking out 3. YES NO younger child and arrangements have been made with a parent) I give permission for my student's school, including administrators, office staff or teaching staff to release 4. information to authorized staff in the 21st CCLC afterschool program related to my student's behavior (including 504 or IEPs), academic record, or attendance, including their eligibility for free or reduced school lunch status and annual DPI required teacher reported surveys. I also give permission for the program to collect data and information for all required state and federal 21CCLC reporting requirements. YES The following individual(s) have permission for picking up my child(ren) from ESP. Parents and other individuals will have to sign-out children when picking them up each day. Add more names if necessary. Phone and/or Cell: Phone and/or Cell: Name: Phone and/or Cell: Name: _____ Phone and/or Cell: I understand that the Minto Public School Extended School Project is a part of the local public school.

* Signature of parent/guardian ______ Date _____

Program staff will have access to school records needed for the child's participation.