

August 3, 2023

Dear Parents,

On behalf of the Holiday Heights Extended Day Staff, we are excited to welcome you back to school!

Payment:

There is yearly \$25 registration fee per family. The program is \$60 per student and is due **the Friday before the week you attend**. All payments are made online via the Holiday Heights school website. If you have any questions about payments or registration you may contact **Dylan Roberts** at 817-547-2600 or email dylan.roberts@birdvilleschools.net.

We will follow the Student Code of Conduct during our time in Extended Day.
If a student cannot abide by the Student Code of Conduct, he/she will not be able to attend Extended Day.

First time	Conference with parent and student
Second time	Dismissal from Extended Day program on Friday of that week (allowing parents to arrange for alternate plans)

Program Details:

Extended Day will take place on every regular school day. There will be no Extended Day on weekends, holidays, or early release/half days.

If you would like to remove your child from Extended Day you may do so at any time. Please email Dylan Roberts at dylan.roberts@birdvilleschools.net.

Extended Day Schedule:

Students will be escorted by HHE staff to the café.

During the first hour, students will receive a snack and homework help. The second hour will be spent doing a chosen "play time" activity. This will be in the cafeteria, computer lab or outside. If we are playing outside, signs will be out to notify you of the change in location.

Pick up will generally be at the cafeteria doors, up the ramp **by 6:00 p.m.**

If we are outside, pickup will be by the secondary school entrance, near the outside gym. You will be able to follow the signs.

**Holiday Heights Huskies Extended Day Program
Enrollment Information**

Student Name: _____

Grade/Teacher: _____

Student Name: _____

Grade/Teacher: _____

Parent/Guardian Name

Phone # (work, cell, home)

Phone # (work, cell, home)

Parent/Guardian Name

Phone # (work, cell, home)

Phone # (work, cell, home)

Emergency Contact Name & Phone Number _____

I hereby authorize Holiday Heights Elementary Extended Day to allow my child to leave the program on a regular basis with the following person(s) (Will need to show ID at time of pick up):

Authorized Person: _____

Authorized Person: _____

Please list any special needs or allergies:

I authorize the attending staff member of the Holiday Heights Extended Day Program to call for Emergency Medical Services for my child.

Parent Name

Signature