



HAMPSTEAD ACADEMY

Extended Day Registration

Hampstead Academy will reconvene the extended day program beginning on Monday August 26th 2024 and run through June 13th 2025. The program runs daily from 2:45PM - 5PM Mondays - Fridays, except on scheduled Early Dismissal days when all the students leave by 12:00PM. The extended day program is not offered as an occasional drop-off, but instead, is designed to support families needing consistent after school supervision for children. Care can be contracted using the rate schedule below. Students must be registered for a minimum of three days per week: days to be chosen at the time of registration. To ensure consistent and high-quality supervision, there is no credit for reserved sessions not attended. The contracts are based on a full academic year. Payments are billed in 10 monthly averaged increments September 1st 2024 - June 1st 2025. Monthly billing varies depending on the number of days per week your child attends extended day. If contracted needs change, please contact the business office email business@hampsteadacademy.org.

The fee schedule is calculated at a rate of \$10.00 per hour. Each day children will meet the extended day teacher in the extended day homeroom. When weather permits, outdoor recreation will always be offered, and the Gym and Innovation Center will be used as an alternative on inclement days. Please ensure that your child has snacks, a water bottle, and the proper outdoor clothing and footwear.

Days	AUG/SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	
3	\$320	\$300	\$180	\$180	\$240	\$180	\$260	\$240	\$240	\$120	\$2260/10 = \$226 per month
4	\$420	\$400	\$260	\$240	\$320	\$240	\$340	\$320	\$320	\$160	\$3020/10 = \$302 per month
5	\$460	\$420	\$260	\$280	\$360	\$260	\$400	\$360	\$360	\$180	\$3340/10 = \$334 per month

DAYS:

M_____

TU_____

W_____

TH_____

F_____

Extended Day Contract

Student 1 Name: _____ D.O.B: _____

Student 2 Name: _____ D.O.B: _____

Student 3 Name: _____ D.O.B: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

By affixing your signature below, parent/guardian permits Hampstead Academy Extended Day Program staff to discern emergency response and if necessary, consent for professional medical attention. If an emergency requires third party engagement (ambulance, police, etc.) the staff will make every reasonable attempt to contact and inform the parent/guardian as soon as is humanly possible

Parent/Guardian Signature: _____ Date: _____