Dear Parent/Guardian:

For your child to participate in Extended Learning Program (ELP) at John Hopkins Middle School, **please complete and return the entire application to the grade level counselor.**

I would like my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be enrolled in the before or after school extended learning program. By enrolling my child in ELP, I acknowledge the following:

* ELP is a voluntary program and by attending my child is expected to participate.
* Morning ELP runs Monday – Friday from 8:00AM– 9:20 AM at the flagpole.
* Students must **arrive at the flagpole** for the morning tutoring session **no later than 8:30 AM.**
* Afternoon ELP runs Tuesday, Wednesday, and Thursday from 4:15 PM to 5:30 PM and dinner will be provided.
* Transportation is not provided. Students must be picked up by 5:30 PM; **failure to do so may result in dismissal from the program. All students will be released by the flagpole.**
* **If a student is being disruptive, they will not be allowed to return!**

Please place a check next to the subject and days you would like your child to be enrolled in ELP. You may select more than one subject for your child to attend.

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| **Where**  | **Subject** | **Meeting Days** | **Meeting Time** |
| Rm 6-119 | Math (Ms. Clarkson) | Monday – FridayWed. & Thurs. | 8:00a.m. – 9:20 a.m.4:15pm – 5:30pm |
| Rm 6-122 | Civics/US History (Ms. Robinson-Fisher) | Tuesday | 8:00am – 9:20am |
| Rm 6-124 | Civics (Mr. Lemery) | Thursday | 4:15pm – 5:30pm |
| Rm 6-113 | Science (Mr. Decarlis)  | Monday & Wed. | 8:00a.m. – 9:20 a.m.  |
| Rm. 6-113 | Science (Ms. East)  | Monday & Wed. | 8:00a.m. – 9:20 a.m.  |
| Rm. 6-117 | Math (Ms. Singleton)  | Mon/Wed/Thurs/Fri.Wednesday | 8:00am – 9:20pm4:15pm – 5:30pm |
| Rm. 6-107 | Ms. R. Jones (ELA) | Friday  | 8:00 a.m. – 9:20 a.m. |
|  |  |  |  |

How will your child get home? Walk Picked-up

Parent/Guardian Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_