

## Junior Pilgrims After School Program

*Junior Pilgrims* after school program is again being operated by Lansing Christian School staff. It is based on the understanding that each child is a unique creation with a special personality, interests, and needs. Each day a child will have opportunities to play, relax, study, socialize, and do other special activities. This program is intended to create a smooth transition from the child's school day to home.

Children who attend Lansing Christian School are eligible to participate. We are striving to offer a high quality Christian-based program at a reasonable cost to parents. *Junior Pilgrims* is available to families from 3 p.m. until 6 p.m. each school day. The after school program will be directed by LCS parent Mrs. Leslie Haidamous. Your suggestions and support are very much appreciated!

### **Daily Rates and Payment Details**

Junior Pilgrims should be paid in advance at the elementary office. Please make checks out to *Lansing Christian School*.

Registration fee: \$25.00 for each family enrolling.

Daily Rate:        3:00 p.m. - 4:00 p.m. - \$5.00  
                      3:00 p.m. - 4:30 p.m. - \$7.00  
                      3:00 p.m. - 5:00 p.m. - \$8.00  
                      3:00 p.m. - 5:30 p.m. - \$9.00  
                      3:00 p.m. - 6:00 p.m. - \$12.00

### **Typical Daily Schedule**

3:00 p.m.        Students dismissed to meet in the elementary gym for attendance  
3:10 p.m.        Circle time and prayer  
3:15 p.m.        Free gym time  
3:30 p.m.        Snack  
4:00 p.m.        Outside recess and playground activities  
4:30 p.m.        Portable for Christian story, directed crafts, games, reading, homework, etc.  
6:00 p.m.        All children picked up from the portable located on the middle/high school side.

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**Please complete and return to the LCS Elementary Office with the Registration Fee**

Child/Children's Name \_\_\_\_\_ Grade Level(s) \_\_\_\_\_

Home phone # \_\_\_\_\_ Emergency phone # \_\_\_\_\_

Please list any allergies or medical concerns \_\_\_\_\_

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Expected days and hours of participation \_\_\_\_\_

Any special comments or concerns \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_