



Elizabethtown Independent Schools
MORNINGSIDE AFTER SCHOOL CARE PROGRAM

Child's Name: _____

Date: _____

HOMEWORK PREFERENCE

_____ My child may choose whether to do homework while in After School Care.

_____ My child must complete as much of his/her homework as possible while in After School Care.

_____ My child should not do homework while in After School Care. I prefer that homework be completed at home.

Parent's Signature: _____