

After School Program Plan

Site Location: _____

Leader Name(s): _____

Day: _____
Date: _____

Daily Checklist:

- Safety Inspection of Site Completed
- Rules and Regulation Signage Posted
- Daily Attendance Completed

Special Events:
e.g. themes, birthdays....

SIGN IN: _____

Physical Activity # 1 (15 min)

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Physical Activity # 2 (15 min)

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Health and Wellness/Nutrition (30 min)

*

Creative Art Activity (30 min)

*

Physical Activity # 3 (20 min)

*

Leisure Play (15 min)

*

SIGN OUT: _____

*Please remember to complete a head count of all the participants before and after an activity. Mark the number of participants at the start of the activity in the box provided.