**After School Program Plan**

**Site Location:**  
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**Leader Name(s):**  
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**Daily Checklist:**

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

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**Special Events:**

*e.g. themes, birthdays....*

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**SIGN IN:**  
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**Physical Activity # 1  (15 min)**

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**Physical Activity # 2  (15 min)**

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**Health and Wellness/Nutrition  (30 min)**

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**Creative Art Activity  (30 min)**

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**Physical Activity # 3  (20 min)**

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**Leisure Play  (15 min)**

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**SIGN OUT:**  
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*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.*