



Our Lady of the Snows Catholic Academy

"Turning today's learners into tomorrow's leaders"

School Year 2019-20

Dear Parents:

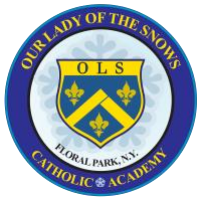
Attached are registration materials for the Our Lady of the Snows AfterCare Program. All items listed below **must** be returned to the school office before your child(ren) can be admitted to the program. Failure to submit documents on time may bar your child from the benefits of this program.

Documents needed:

- A signed original acknowledgment of the program Rules and Guidelines (page 3).
- A signed original Emergency/Family Information form (one per child). Please make sure the child's height and weight information are filled in.
- A check for the registration fee, as described in the Rules and Guidelines.

Your cooperation and promptness in responding to this request is appreciated. Please submit all documents before your child attends the program. For questions regarding this notice, send a note to the school office to the attention of AfterCare Program.

Thank you.



Our Lady of the Snows Catholic Academy

"Turning today's learners into tomorrow's leaders"

"AfterCare Program" Rules and Guidelines

1. This program is for students of Our Lady of the Snows Catholic Academy in grades Nursery Full Day through 8.
2. Non-Refundable Registration Fee -
\$30.00 - One Child
\$45.00 - Two Children
\$55.00 - Three Children

3. Cost per session -
Please note: There will be a minimum charge for 1/2 hour. You must pay for the first 1/2 hour then each additional 15 minutes.

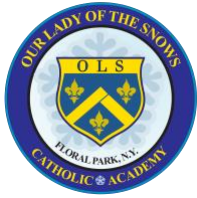
One Child	Two Children	Three Children
\$8.00 per hour	\$11.00 per hour	\$13.00 per hour
\$4.00 - 30 minutes	\$5.50 - 30 minutes	\$6.50 - 30 minutes

Please note: If you pick up your child at 3:15 p.m., your fee will be computed to 3:30 p.m.

4. The program year begins on Monday, September 9, 2019 for children in grades Nursery Full Day - 8. Final program dates vary according to grade; you will be notified in advance of the final program date for your child.
5. A sign-out sheet will be provided for you to complete when you pick up your child. This document is used to compute fees due for the week. For all unpaid balances, a statement is sent home monthly. Payments may be made by Check or Money Order only, cash cannot be accepted. Checks/Money Order should be made payable to Our Lady of the Snows Extended Care Program. An envelope marked with your child's name and grade, addressed to "Extended Care Program" or (E.C.P.), should be sent down to the school office at the beginning of any school day. Payments cannot be accepted when picking up your child from the program.

If a payment is more than two weeks overdue from the date the statement is generated, the child/ren will not be permitted to participate in the program.

6. The AfterCare Program will be available on half days. However, it will not be available on school holidays, days off, vacations, or the half day before Teacher Appreciation Day.



Our Lady of the Snows Catholic Academy

"Turning today's learners into tomorrow's leaders"

7. It is suggested that your child bring a snack/drink. A change of clothes, games, toys, etc. are optional. Everything should be clearly marked with your child's name. The school cannot be responsible for lost, misplaced or stolen items. Children are NOT permitted to bring an iPod Touch or an iPad. Cell phones must remain off and in their backpacks during the hours of AfterCare. See School Handbook.
8. There will be a "Homework Time," but parents are responsible for reviewing their child's work, and that a child has studied for tests. Program coordinators are not responsible for assisting a child with homework, assignments, or projects. This is not a tutoring program.
9. Should a child participate in an extracurricular activity or serve detention and return to the AfterCare Program to be picked up, parents will only be responsible for fees for the time the child spent in the program. Any child participating in a CYO or church activity must complete a form stating the activity, day of week, time and location activity normally occurs.
10. Every child should be picked up no later than 6:00 p.m. Please come to the Nursery Room located down the stairs in the school yard on Union Turnpike to pick up your child.

**For insurance purposes once you sign your child/ren out of the program you are to leave the school premises.

If you are going to be late, please call 718-347-1445. Excessive lateness will be reviewed and your child may not be permitted to participate in this program.

If unable to pick up by 6:00 p.m., you must notify an AfterCare Staff Member via telephone. A late charge of \$20.00 will be assessed to any parent whose child is not picked up by 6:00 p.m. and an additional \$20.00 every 15 minutes after 6:15 p.m. Your child will only be released to the authorized individuals listed on the Emergency Information Form.

11. An official notice terminating a child's participation in the program will be sent if these rules and guidelines are not adhered to, or if a child is unruly.
12. Parents who want to speak with a staff member of the AfterCare Program must provide a request in writing. A response indicating a mutually convenient time for an appointment will be returned to the parent, usually in writing. Unscheduled conferences are discouraged, since staff members cannot be expected to properly supervise participants if this occurs.
13. All rules and guidelines pertaining to change of address or telephone number, discipline, emergency information, release of records and visitors to the school are provided in your OLS School Handbook given to you in the beginning of the school year. Please refer to your handbook as these rules and guidelines will also apply to the AfterCare Program.



Our Lady of the Snows Catholic Academy

"Turning today's learners into tomorrow's leaders"

14. **Please be advised that the School Nurse is not available during the hours of the AfterCare Program. Medication will not be accessible if the child has an emergency.**

"The school reserves the right to amend these "rules & guidelines" at any time. Any issue subject to interpretation of these "rules and guidelines" will be interpreted by the Principal and AfterCare Program Director. Parents will be notified in writing if changes are made, as soon as practicable."

**Please fill out the attached Emergency Form completely, including the child's height and weight, and return it with your registration fees.

Our Lady of the Snows "AfterCare Program" 2019-20

I have read and understand the rules and guidelines for the AfterCare Program and will adhere to them. I do hereby waive, release, indemnify and agree to hold harmless OLS Catholic Academy, staff and parish from any injuries arising from participation in the AfterCare Program.

Child's Name _____ Present Grade: _____

Child's Name _____ Present Grade: _____

Child's Name _____ Present Grade: _____

Parent's Signature: _____

Date: _____

Our Lady of the Snows Catholic Academy AfterCare Program
2019-2020 EMERGENCY/FAMILY INFORMATION

STUDENT _____	Last Name _____	First Name _____	Middle _____
CLASS _____		DATE _____	

FAMILY INFORMATION:

Mother's Name _____ Cell# _____

Father's Name _____ Cell# _____

Address _____ Home Phone # _____

_____ City _____ State _____ Zip _____

Mother's Work # () _____ Ext. _____ Business Name/Address _____

Father's Work # () _____ Ext. _____ Business Name/Address _____

Other Children currently enrolled in OLS:

Name _____ Class _____ Name _____ Class _____

INDIVIDUALS AUTHORIZED TO PICK UP MY CHILD(REN):

1. Name _____ Relationship _____

Address _____

Phone # _____ Cell # _____

2. Name _____ Relationship _____

Address _____

Phone # _____ Cell # _____

MEDICAL INFORMATION:

Height _____ inches **Weight** _____ lbs

Doctor _____ Phone # _____

Allergies/Medical Conditions: _____

In the event of an emergency/accident, 911 will be called at the discretion of the principal or staff member.

***I have been informed that the School Nurse is not available during the hours of the AfterCare Program and my child's medication will not be accessible if there is an emergency.** _____
(initial)

I have read and understand the rules and guidelines for the AfterCare Program.

If at any time the above information must be changed, I will notify the Principal in writing.

Signature of Parent or Guardian: _____ **Date** _____