

**OUR LADY OF LOURDES SCHOOL**  
**AFTER CARE PROGRAM**  
**2010-2011**

Dear Parent(s),

Our **AFTERCARE PROGRAM** is designed to help working parents cope with the ongoing problem of child-care after school. The program provides a safe place and pleasurable atmosphere for OLOL school children.

The After Care program is available on regular school days from 2:00 p.m. until 6:00 p.m., and on half days from 12:00 p.m. - 6:00 p.m. The program is available on days when the school closes early due to inclement weather, but After Care will not be available when school is closed in the morning for inclement weather. After Care will also NOT be available on half days before a holiday (Thanksgiving, Christmas and Easter).

This program is NOT part of the school, but a service offered after school.

The program will provide the following after-school schedule:

1. Children will change into play clothes. Play clothes should be sent in on a daily basis. School clothes and uniforms should be clearly marked with your child's name in order to avoid problems and have lost items returned to you promptly.
2. Children will have a snack that has been sent in **from home**. NO snacks with Peanut INGREDIENTS may be brought to Aftercare. On half-days, lunch **MUST** be provided from home (no peanut butter or foods with peanut ingredients). If your child has any allergies, it **MUST** be noted on the registration form.
3. The children will work on their homework. This will be a **quiet** time. However, since this program is separate and distinct from the regular school curriculum, tutorial services will **not** be provided. Since many parents have requested homework to be completed during the aftercare program, parents should encourage their child to use this time as such. The program will **not** be responsible if your child does not finish their homework during this time. **This is your child's responsibility.**
4. The children will then participate in free-play time. Playtime will consist of outside activities (weather permitting), crafts and board games.

**Billing questions should be directed to the Program Manager, Mrs. Pat Coiro, at 718-938-8144.**

Thank you,

Mrs. Pat Coiro  
Program Manager

**PAYMENT SCHEDULE FOR AFTER CARE**  
**2010-2011**

HOURS	# OF CHILDREN PER FAMILY	FEE PER WEEK
2 PM - 4 PM	1	\$55.00
2 PM - 4 PM	2	\$85.00
2 PM - 4 PM	3	\$100.00
2 PM - 5 PM	1	\$70.00
2 PM - 5 PM	2	\$100.00
2 PM - 5 PM	3	\$115.00
2 PM - 6 PM	1	\$85.00
2 PM - 6 PM	2	\$120.00
2 PM - 6 PM	3	\$130.00

In addition to the full-time program, individual day rates will also be available on an hourly basis. The **fee** for this will be **\$5.50 per hour. All fees are subject to change.**

Bills will be sent home on Tuesday for the previous week. **Please send all payments to the main office with your child in an envelope addressed to "After Care Payment".**

If the school is closed for a holy day, holiday, snow day or other emergency, then the after-school program will also be closed.

If you have any questions about payments, please contact Mrs. Pat at 718-938-8144.

Thank you!

OUR LADY OF LOURDES SCHOOL

AFTER CARE PROGRAM

REGISTRATION FORM

2010-2011

I would like to register my child(ren) for the aftercare program. I have read the attached letter and understand the terms of this agreement. I realize that this program is separate and distinct from the OUR LADY OF LOURDES SCHOOL CURRICULUM. I understand that the program will not be available the days the school is closed. I also understand that it is my responsibility to inform my child's teacher, in writing, of the days that they are staying for aftercare.

My child may stay in Aftercare in the case of an emergency with my verbal request to the Main Office.

My child(ren)'s names and grades are:

<u>NAME</u>	<u>GRADE</u>	<u>DAY/HOURS</u> (or as needed)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE: \_\_\_\_\_

MOTHER/GUARDIAN  
SIGNATURE: \_\_\_\_\_

FATHER/GUARDIAN  
SIGNATURE: \_\_\_\_\_

# After-Care Program Family Information

This form shall be filled out each year for EACH child. Please print legibly.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Telephone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

For an emergency situation, list the names of two local people who should be contacted if the parents/guardians are not available.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

My child may NOT be picked up by (list only if applicable):

\_\_\_\_\_

LIST ANY ALLERGIES: \_\_\_\_\_

LIST ANY HEALTH/MEDICAL PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

List medicine/drugs taken regularly: \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY AND NONE OF THE PERSONS LISTED ON THE FORM ARE AVAILABLE, I AUTHORIZE THE AFTERCARE PERSONNEL TO TAKE MY CHILD TO A HOSPITAL VIA THE 911 SYSTEM.

Hospital of Choice: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_