

After-School Care Program

The After-School Care Program provides competent care, supervision, recreation, and enrichment activities. It serves working families who desire both Parochial school education and supplementary day care in a Christian environment for children enrolled at OLV School.

The program will be staffed by school personnel. These care givers will work to help each child grow in maturity and self-respect, as well as to maintain an atmosphere where respect and understanding of others is realized. Children can receive homework help. Games, puzzles, art activities etc., will also be available for student use.

Our After School Program will be held only on regular school days.

- Monday-Friday 2:45-5:30 except for scheduled early dismissal days.
- The program will be in session on days of early dismissal. Parents must provide lunch for their child(ren).
- If the school is closed for emergency reasons, the After-School program is cancelled.

This program is not subsidized by the School or the Parish. The fees are as follows:

- 1st child — \$10.00 per hour
- 2nd child — \$6.00 per hour
- 3rd child (or more) — \$5.00 per hour

Late pick-up fees will be assessed in 10-minute increments. If you are 1-10 minutes late picking up your child, you will be charged \$10; 11-20 minutes late is a \$20 charge, 21-30 minutes late is a \$30 fee, if you arrive after 6 p.m., you will be charged \$50.

You will be charged through the FACTS system.

Be sure the Application and Emergency Information documents are completed prior to your child's first day of participation. Your child can not begin the program if we do not have both documents.

Registration is due by June 30, 2023. Thank you!

Sincerely,



Mary D. Szlosek
Principal

After-School Care Program

CHILD(RENS) NAMES	Male	Female	DATE OF BIRTH Month Date Year
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Address: _____

Telephone Number(s): _____

Parent/Guardian: _____

Address: _____

MY CHILD/CHILDREN WILL BE PICKED UP BY: _____

MY CHILD/CHILDREN MAY NOT BE PICKED UP BY: _____

In case of a medical emergency or accident when I cannot be reached I wish one of the following to be notified. They are authorized to act in my absence to make decisions regarding the treatment of my child/children.

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

If one of the above cannot be reached, I wish my child to be taken to the nearest hospital. I wish the following doctor to be notified:

NAME: _____ TELEPHONE: _____

I give my permission for emergency care to be given.

Signature: _____ Date: _____