



Our Lady of the Snows Catholic Academy

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

School Year 2024-2025

Dear Parents,

We will begin our After Care Program on Monday, September 9, 2024. Attached are registration materials for the Our Lady of the Snows After Care 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 – tear off below.
- A signed original Emergency/Family Information form included in this packet (one per child). Please make sure the child’s height and weight information are filled in.

Please submit all documents before your child attends the program. Please provide your child’s homeroom teacher with any predetermined schedule for After Care or provide a note/email when participating on an “as needed” basis.

For questions regarding this notice, send an email to office@olscsafp.org with the subject line of “After Care Program”.

Our Lady of the Snows "After Care Program" 2024-2025

I have read and understand the rules and guidelines for the After Care 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 After Care Program.

Child's Name: _____ Present Grade: _____

Child's Name: _____ Present Grade: _____

Child's Name: _____ Present Grade: _____

Parent/Guardian/Responsible Financial Party

Print Name: _____ Last four digits of SS# _____

Signature: _____ Date _____



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"After Care Program" Rules and Guidelines

1. This program is for students of Our Lady of the Snows Catholic Academy in grades 3K through 8 (full day students only).
2. A Non-Refundable Registration Fee will be charged to your FACTS account
\$35.00 - One Child
\$50.00 - Two Children
\$60.00 - 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
\$8.50 per hour	\$11.50 per hour	\$13.50 per hour
\$4.25 - 30 minutes	\$5.75 - 30 minutes	\$6.75 - 30 minutes

4. The program year begins on Monday, September 9, 2024. Final program dates will 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. Billing will be posted monthly on your existing FACTS Management account under incidental billing. 3K and Pre-K For All families that do not yet have a FACTS account will be provided with one. (You will receive an email directly from FACTS Management with log-in information.) Payments may be made online through your FACTS account manually or you may set up an autopay option.

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

6. The After Care Program will be available on half days. However, it will not be available on school holidays, days off, or vacations.
7. It is suggested that your child bring a snack/drink. Bringing in games or toys is optional. Everything should be clearly marked with your child's name. The school cannot be responsible for lost, misplaced or stolen items. Cell phones must remain off and in their backpacks during the hours of After Care. 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.



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9. Should a child participate in an extracurricular activity or serve detention and return to the After Care 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 6:00pm. The entrance for parent pickup from After Care is in the large parking lot. Please use the stairwell under the awning in the large parking lot when picking up children from After Care. Ring the doorbell and security or staff will provide you with access to enter. You will be asked to sign your child out. 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 6:00pm, you must notify an After Care Staff Member via telephone. A late charge of \$20.00 will be assessed to any parent whose child is not picked up by 6:00pm and an additional \$20.00 every 15 minutes after 6:15pm. 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 After Care 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 children 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 at the beginning of the school year. Please refer to your handbook as these rules and guidelines will also apply to the After Care Program.
14. **Please be advised that the School Nurse is not always available during the hours of the After Care Program. Medication may not be accessible if the child has an emergency. It is important to notify the school office of any change in your child's medical condition.**
15. Again, the entrance for parents to pick up from After Care is in the large parking lot. Please use the stairwell under the awning in the large parking lot when picking up children from After Care.

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

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

Our Lady of the Snows Catholic Academy After Care Program
2024-2025 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 After Care 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 After Care Program.

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

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