



# ***Our Lady of Victory School Before and After School Programs 2018-2019***

The Our Lady of Victory School Before and/or After School Programs will be available for students in grades N-8 for the 2018-2019 school year. The programs were developed to provide working parents with access to high quality, low cost child care. They provide a safe, secure, educationally sound atmosphere for children.

## **Before School Program**

The program runs from 7:15-8:00AM on regular school days. A cellular telephone number can be used in an emergency. The number is 917-680-8366. You may use this number to reach the BSP beginning at 7:00AM. You may call the school office at 516-352-4466 after 7:30AM. Breakfast is NOT provided.

## **After School Program**

The program runs from 2:30 to 6:00 PM on regular school days and from 11:25AM to 6:00 PM on most days of early dismissal. A cellular telephone number can be used in an emergency. The number is 917-680-8366. You may use this number to reach the ASP between 3:30 and 6:00 PM. You should call the school office at 516-352-4466 until 3:30 PM. The children participate in a variety of activities including physical recreation, story time, and arts and crafts. Additionally, time for homework and study is provided each day.

## **Tuition and fees:**

The payment method for tuition and fees are structured as follows:

- Tuition is paid on a monthly basis to the school office
- Tuition is due on the first of the month and is late after the 10<sup>th</sup> of the month; **Late fee:** \$15
- Registration in the program is for a school year. Tuition is payable each month (regardless of the number of school days). There is a **non-refundable** registration fee of \$30 per family
- **Returned check fee:** \$20

## **Tuition:**

**Before School Tuition:** \$5 for each morning for one child, \$2.50 each morning for each additional child

**After School Tuition** \$6/hour (or part of hour) for one child, \$3/ hour for each additional child

## **Nursery & Pre-kindergarten**

The After School Programs is available for Nursery & Pre-kindergarten students until 4:30 each day. Pre-registration is required. Rates are the same as above.

The Before School Program is available for Nursery & Pre-kindergarten students, beginning at 7:15am. Pre-registration is required.

## OLV Before and /or After School Program

### Additional information

- All families who use the programs must be pre-registered. (\$30 registration fee/family)
- Fees are charged for the hour (or part of the hour)
- Tuition payments must be made in a timely manner
- Returned check fee: \$20
- **ASP:**
  - Families will be charged an hourly rate for the children in the program. For your information and to help you budget for your after school care needs, the fee is structured in the following manner:
    - 2:30-3:30 = hour 1 fee
    - 3:30-4:30 = hour 2 fee
    - 4:30-5:30 = hour 3 fee
    - 5:30-6:00 = ½ hour feeAdditionally, a sign out sheet provides parents and guardians with daily information as to the amount of time for which the fee will be charged.
  - Children are considered present for the program until they are signed out for the day by a parent. All students who plan to attend the ASP must report to the teacher in charge at 2:30PM. (Attendance at an after school activity or club does not effect the length of time for which families will be charged. For example, when a student reports to ASP at 2:30, attends an activity from 2:45-3:15, and then returns to ASP until 5:30, the family is charged for 3 hours of after school care for the day.)
  - The program runs from 2:30-6:00 on regular school days and from 11:25AM to 6:00PM on most early dismissal days
- **BSP**
  - The program runs from 7:15-8:00AM (8:25AM for N & PK) on regular school days
  - *Teacher supervision begins at 7:50am. Those who need to be in school at an earlier time (because of parent work schedules, etc) must register for and attend the BSP.*

ASP cell phone # 917-680-8366 (3:30-6:00 PM)

OLV school phone # 516-352-4466 (until 3:30PM)

# BEFORE and/or AFTER SCHOOL PROGRAMS REGISTRATION FORM

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

Program days requested: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

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

Program days requested: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

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

Program days requested: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Business Firm \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Business Firm \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Names of two people to contact in an emergency when parents are unable to be reached.**

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

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

Health History: (allergies, problems, conditions, etc.) \_\_\_\_\_

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PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION CONSENTING TO MEDICAL TREATMENT  
FOR MINOR CHILD**

I, \_\_\_\_\_, the parent of \_\_\_\_\_,  
a minor child who was born on \_\_\_\_\_ and resides at  
\_\_\_\_\_ in the County

of Nassau in the State of New York, authorize an adult at Our Lady of Victory's Child Care to seek emergency treatment for my child. Such treatment includes but is not limited to examination, X-rays, laboratory tests, medical and surgical treatment, use of medication, anesthetics, sutures, and admission for hospital care should this be necessary, when efforts to contact me are unsuccessful. It is understood that such care will be given upon the advice of a duly licensed physician or surgeon.

My family doctor is \_\_\_\_\_

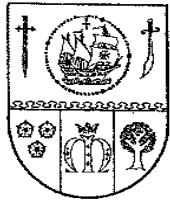
Phone Number \_\_\_\_\_ I authorize that you may call him/her in case of an emergency. Any physician acting in his/her place should be advised that my child has the following allergies \_\_\_\_\_

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Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

**NOTARY PUBLIC**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**



# Our Lady of Victory School

2 Bellmore Street  
Floral Park, NY 11001

516 352 4466  
www.olvfp.org

1. I give permission for Our Lady of Victory School Child Care to seek emergency treatment for my child \_\_\_\_\_ in the event that I cannot be contacted immediately.
2. I give permission for my child to participate in field trips conducted by Our Lady of Victory's Child Care.
3. I assume full responsibility for my child's transportation from the school on any and all days of operation.
4. The following people are authorized by me to pick up my child if I am unable to do so. These people will be prepared to show identification to the person in charge.

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Relationship** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**