

*Our Lady of Victory School  
38 North Fifth Avenue  
Mount Vernon, New York  
914-667-4063 Fax: 914-665-3135  
After School #: 914-419-7716*

**TO:** After School Parents

**FROM:** Mrs. DaRosa, After School Director

Thank you for joining the OLV After School Program. Attached please find a Parent Contract and an Application/Registration form. In order for your child to participate in the after school program, please complete the forms and return to school ASAP.

It is very important for me to maintain an accurate list of whom to expect each day. For your child's safety, I insist that parents inform me of any changes in schedule by writing a note a day before or leaving a message on the after school answering machine (914-419-7716). Parents must also call the answering machine if a child is absent or was picked up at regular dismissal .

After a long day, students want to move about. They want to become children again after hours of being students. Physical activity helps children to develop coordination skills and strength and to release tension. For that reason, we will be having active play before homework.

Children who want to finish their homework will be provided with quiet space, time, and homework assistance when needed, but just a reminder to parents, we are not a tutoring service. We will not check or correct homework.

Daily schedule is as follows:

3:00 – 3:15 Children arrive, attendance, unwind  
3:15 – 4:00 Active play – indoors or outside  
4:00 – 4:15 Snack  
4:15 – 5:45 Homework  
5:45 – 6:00 Clean up and closing

PARENT CONTRACT

In consideration of my child's participation in the After School Program, I agree to the following:

1. After School hours are until 6:00 p.m.
2. I agree to pay a nonrefundable registration fee of \$25.00. PER CHILD
3. I agree to pay: \$160.00 PER WEEK for (1) child (MUST BE FULL 5 DAYS)  
\$220.00 PER WEEK for (2) children  
  
or hourly: \$13 per hour for 1 child; \$18.00 per hour for two children  
  
\$5.00 per hour FOR 3RD CHILD
4. I agree that I will pick up my child by 6:00 p.m. or earlier and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I understand that in the event my child is not collected by 6:00 p.m., a fee of \$25.00 for every fifteen minutes will be charged. After 6:15 p.m. my emergency contact(s) will be called.
5. I agree to personally pick up my child from the After School Program and to sign him or her out for the day except when I have authorized, in writing, alternative arrangements.
6. I agree that the Our Lady of Victory After School Program will be held free and harmless from any and all injuries occurring to my child. To ensure the safety of all children involved, all disciplinary rules outlined in the OLV Parent/Student Handbook apply to the After School Program.
7. In the event of an emergency, I give my permission to the teacher to have child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to any emergency treatment.
8. I understand that in the event of continued late payment of tuition, late pick up of my child, or for any other good cause, Our Lady of Victory reserves the right to remove my child from the After School Program.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

OUR LADY OF VICTORY SCHOOL  
MOUNT VERNON, NEW YORK

AFTER SCHOOL APPLICATION/REGISTRATION FORM

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

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent(s)/Guardian(s) :

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

Mother's Cell #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Mother's e-mail: \_\_\_\_\_

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

Father's Cell #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Father's e-mail: \_\_\_\_\_

Emergency Contact/Authorized Pick-up:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell#: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell#: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

In the event of illness or injury to my child, which in the judgment of the Our Lady of Victory School staff, requires emergency treatment, my permission is granted to call 911 and the following doctor(s) after attempts to contact me have been unsuccessful.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is allergic to the following:

Medications: \_\_\_\_\_

Foods: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date