



Alice Austen School
Donna Bonanno, Principal
55 Merrill Avenue
Staten Island, New York 10314
www.ps60.org

718-761-3325

Fax: 718-983-8534

Tabatha Romano, Assistant Principal

Edward Palmieri, Assistant Principal

Doreen Seaman, Assistant Principal

2017/2018



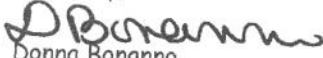
Dear Parents,

P.S. 60 will continue to offer a morning latchkey program. The cost will be only \$50 a month. Students will be brought in at 7:00AM each morning. There is no supervision before 7:00AM so earlier arrival is not possible. A teacher will supervise the students each morning until breakfast. All children in the latch key will have breakfast and then join their morning line up. Our students will play quiet games, watch videos, draw or enjoy some quiet reading time in a safe environment.

This latchkey program will be put into effect only if we have enough interested and paid parents. We will need about 30 students each month.

We will begin the program on Monday, September 11, 2017. If you would like your child to attend the A.M. latchkey, please send in the attached form and one money order for September for \$50 immediately and one money order for \$50 for October by September 18th. Payment is due on the first of each month. If we don't have enough students the program will have to be cancelled. Please let me know if you have any questions or concerns about the A.M. latchkey.

Sincerely,


Donna Bonanno
Principal

A.M. Latch-Key Program
Application 2017-2018

Student's Name _____
Last Name First Name

Grade _____ Class _____

Address _____

Medical Alerts: _____

Allergies: _____

Parent/Guardian Information

Mother's/Guardian's Name _____

Phone # _____ Cell # _____

Mother's Home Address _____

Mother's Business Name _____ Business Phone _____

Mother's Business Address _____

Father's/Guardian's Name _____

Phone # _____ Cell # _____

Father's Home Address _____

Father's Business Name _____ Business Phone _____

Father's Business Address _____

Adults Permitted to Pick-Up My Child:

Name _____ Relationship to Child _____

Address _____ Phone # _____

Name _____ Relationship to Child _____

Address _____ Phone # _____

Name _____ Relationship to Child _____

Address _____ Phone # _____

Parent/Guardian Signature _____