



# Public School 3

*We fly We soar We achieve*

*Elmer Myers, Principal*

*Danielle Papa-McDonagh, Assistant Principal*

*Danka Amtzis, Assistant Principal*

September 2018

Dear Parents and Guardians:

We are pleased to inform you that our school will offer a Self-Sustaining Latchkey Program for the 2018-2019 school year. The program begins on the first day of school, Wednesday, September 5, 2018 for grades 1-5, Thursday September 6th for Kindergarten and Friday September 7th Prek-5th grade. The program operates Monday through Friday from the end of the school day to 6:00 p.m. The program does NOT operate when schools are closed. Parents are to make arrangements to pick up their child(ren) at P.S. 3 by 6:00 P.M. There will not be adult supervision after 6:00pm. Parents who are late more than three times in picking up their child(ren) will be asked to withdraw from the Latchkey Program. No exceptions will be made.

The Latchkey program will continue to include time for snack which your child can bring and/or purchase, homework assistance, recreation, sports, board games, and/or arts and crafts. Your child will be supervised by experienced and licensed Department of Education staff who will conduct the program in a wholesome atmosphere. While attending the after school program, we expect your child to behave at all times and follow the rules as stated in the Chancellor's Regulations. It is the responsibility of the parent to review and reinforce with his/her child the standards of behavior established by the New York City Department of Education in the Chancellor's Regulations. In the event that a student's behavior presents a clear and present danger of physical injury to the student, other students or school personnel, **or prevents the orderly operation of the self – sustaining Latchkey Program, he/she may be removed from the program at the discretion of the Principal.**

Your child will not be released to any person who is not listed on the emergency contact sheet (attached). Every person must have photo ID when picking up a child.

If you are interested in having your child in the Latchkey Program beginning , Wednesday,, September 6 , 2016, please send in a MONEY ORDER in the amount of \$185.00 for the first child and \$160.00 for each additional child/sibling on or before, TUESDAY, JUNE 5, 2018 along with their completed application/contact information sheet. Monthly payments for the remaining months of the program are due by the following dates: \*\*\*\* No application will be accepted without MONEY ORDER attached\*\*\*\*

Payment for the Month of:	Due By:
September 2018	June 6
October 2018	September 6
November 2018	October 2
December 2018	November 6
January 2019	December 4
February 2019	January 2
March 2019	February 5
April 2019	March 5
May 2019	April 2
June 2019	May 7
September 2019	June 4

Very truly yours,

Elmer Myers, Principal

Principal

***2018-2019 Latchkey Program Application, Rules and Procedures: MAIN OFFICE, MRS. BARSALONA***

I have read the information above and I understand that it is my responsibility to make arrangements to pick up my child at P.S. 3 by 6:00 P.M. I also understand that my child(ren) are expected to behave at all times and follow the rules of the Latchkey program consistent with the standards of behavior established by the New York City Department of Education in the Chancellors Regulations. I also understand in the event that my child's behavior presents a clear and present danger of physical injury to the student, other students or school personnel, **or prevents the orderly operation of the Latchkey Program he/she may be removed from the program at the discretion of the Principal.** I have also reviewed and made any necessary changes to my child's emergency contact information and I am aware of the posted monthly payment schedule.

I understand payment can only be accepted by money order, and MUST be received each month PRIOR to the month the student(s) attend our Latchkey Program. \*\*\*SEPTEMBER PAYMENT DUE, TUESDAY, JUNE 5, 2018\*\*\*\* ALL PAYMENTS MUST BE MADE THE MONTH PRIOR TO YOUR CHILD ATTENDING THIS PROGRAM\*\*\*\*\*

Student (s) Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**LATCHKEY APPLICATION**

Please fill out a separate application for each child and indicate if this is an application for:

1<sup>st</sup> child \_\_\_\_\_ 2<sup>nd</sup> child \_\_\_\_\_ 3<sup>rd</sup> child \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last Name First Name

Home Address: \_\_\_\_\_  
Street City/State Zip

Phone Number: \_\_\_\_\_  
Home Cellular

NOTE: IF YOUR CHILD HAS ANY MEDICAL CONCERNS, PLEASE ATTACH A NOTE TO THE APPLICATION FORM EXPLAINING THE CONDITION AND PHYSICAL LIMITATIONS.

PLEASE ACCEPT MY CHILD \_\_\_\_\_ OF CLASS \_\_\_\_\_ INTO THE PUBLIC SCHOOL 3 LATCHKEY PROGRAM.

\*\*\*HEALTH ALERTS \_\_\_\_\_

\*\*Date child will start \_\_\_\_\_ PARENT'S SIGNATURE \_\_\_\_\_

\*\*\*\*\*

**PARENT OR GUARDIAN INFORMATION**

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Cellular # \_\_\_\_\_

Business Address \_\_\_\_\_ Work # \_\_\_\_\_  
 \*\*\*\*\*

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Cellular # \_\_\_\_\_

Business Address \_\_\_\_\_ Work # \_\_\_\_\_  
 \*\*\*\*\*

Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Cellular # \_\_\_\_\_

Business Address \_\_\_\_\_ Work # \_\_\_\_\_

\*\*\*In an emergency should the Latchkey Program be cancelled please indicate the following:

My child is a \_\_\_\_\_ WALKER \_\_\_\_\_ BUS-BUS STOP \_\_\_\_\_ BUS COLOR \_\_\_\_\_  
 \_\_\_\_\_ SHUTTLE \*\*\*\*\*T-SHIRT SIZE \_\_\_\_\_

\*\*\*\*\*

**EMERGENCY CONTACT PERSONS OR DESIGNEE**

1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell # \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell # \_\_\_\_\_



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