



Public School 3

We fly We soar We achieve

Elmer Myers, Principal

Danielle Papa-McDonagh, Assistant Principal

Danka Amtzis, Assistant Principal

May, 2017
Dear Parents and Guardians:

We are pleased to inform you that our school will offer a Self-Sustaining Latchkey Program for the 2017-2018 school year. The program begins on the first day of school, THURSDAY, September 7, 2017 for grades 1-5 and MONDAY, September 11, 2017 for Pre-K and Kindergarten. 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 , THURSDAY, September 7 , 2017, 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 6, 2017 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 2017	June 6
October 2017	September 7
November 2017	October 3
December 2017	November 1
January 2018	December 5
February 2018	January 2
March 2018	February 6
April 2018	March 6
May 2018	April 3
June 2018	May 1
September 2018	June 5

Very truly yours,
Elmer Myers, Principal
Principal

2017-2018 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 6, 2017**** 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:

1st child _____ 2nd child _____ 3rd 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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