THE DANIEL D. TOMPKINS SCHOOL
PUBLIC SCHOOL 69
144 Keating Place
Staten Island, New York 10314
Tel: 718-698-6661/Fax: 718-698-1903

***BELIEVE, ACHIEVE, SUCCEED***

***Doreen E. Murphy, Principal***

# P.S. 69 LATCHKEY PROGRAM

June, 2012

Dear Parents:

We are pleased to inform you that our school will be able to offer an after school Latchkey Program for children in Grades K-5 starting Thursday, September 6, 2012 the first day of school. Registration will begin **IMMEDIATELY.** The cost of the program is $175.00 per month. Payment can be made by certified check, bank or postal money order made out to P.S. 69R. No personal checks or cash will be accepted. Place the application and payment in a clearly marked envelope with your child's name and class. **APPLICATIONS WILL ONLY BE ACCEPTED WITH PAYMENT ATTACHED.** All future payments will be due no later than the first Friday of each month. **A $10.00 fee will be charged to any late payments**. ***Payments for May and June will be collected as one payment and due the first Friday of May.***

The program will operate Monday through Friday from the end of the school day to 5:45 p.m. The program will **NOT** operate when schools are closed or on a ½ day schedule, i.e. Parent Teacher Conference Day, etc.

This after school program will include time for homework assistance, recreation, and sports. Students should bring their own snacks. Program offerings are dependent upon the number of children who participate in the program. Your child will be supervised by experienced and licensed Board of Education teachers who will conduct the program in a wholesome atmosphere. We expect your child to behave at all times and to follow the rules of the after school program. **Parents who are late more than three times in picking up their children will be asked to withdraw from the Latchkey Program.** No exceptions will be made.

We also expect you or your designee to pick up your child on time. Make sure you have adequate alternates who will pick up your child listed on your application. We must have identification of these alternates prior to pick-up.

If you are interested in having your child participate in the Latchkey Program beginning September 6, 2012 please remit payment and application .

Very truly yours,

Doreen E. Murphy
Principal

----------DETACH AND RETURN----------

I wish to register my child for the Latchkey Program in September.

Student's Name_____ Current Class_____

I understand that my child must be picked up no later than 5:45 p.m. each day. **I understand that if I am late more than 3 times my child will be removed from the program.**

All of the contacts on the attached sheet have permission to pick up my child from the Latchkey Program.

Parent's Name_____ Signature_____

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*Doreen E. Murphy*
*Principal*

*Salvatore Manuele*
*Assistant Principal*

*Leila Miniaci*
*Assistant Principal*

# LATCHKEY APPLICATION 2012 - 2013

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

**1st Child_____ 2nd Child_____ 3rd Child_____**

**SCHOOL P.S._____ GRADE _____ CLASS _____**

**NAME OF STUDENT: *Last*_____ *First*_____**

**HOME ADDRESS _____ CITY/STATE_____ZIP_____**

**HOME PHONE_____CELL/BEEPER_____**

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

**PLEASE ACCEPT MY CHILD_____CLASS_____ INTO THE LATCHKEY PROGRAM**

**PARENT'S SIGNATURE_____**

## PARENT/GUARDIAN INFORMATION

**MOTHER'S NAME_____ HOME PHONE_____**

**PLACE OF EMPLOYMENT_____ WORK PHONE_____**

**CELL/BEEPER #_____**

**BUSINESS ADDRESS_____**

**FATHER'S NAME_____ HOME PHONE_____**

**PLACE OF EMPLOYMENT_____ WORK PHONE_____**

**CELL/BEEPER #_____**

**BUSINESS ADDRESS_____**

**GUARDIAN 'S NAME_____ HOMPHONE_____**

**PLACE OF EMPLOYMENT_____ WORK PHONE_____**

**CELL/BEEPER #_____**

**BUSINESS ADDRESS_____**

## EMERGENCY CONTACT PERSON OR DESIGNEE

**1. NAME_____RELATIONSHIP TO CHILD_____**

**ADDRESS_____HOME PHONE_____**

**CELL/BEEPER #_____**

**2. NAME_____RELATIONSHIP TO CHILD_____**

**ADDRESS_____HOME PHONE_____**

**CELL/BEEPER #_____**