June 2019

Dear Parents and Guardians,

We are pleased to inform you that our school will be able to offer an after school ANCHORS AWAY Program for children in Grades Pre-K - 5 starting Monday, September 9, 2019. Please note that this program will not be available on the first two days of school which are September 5th and 6th. In order for your child(ren) to officially begin the program on September 9th, payment must be submitted no later than Friday, September 6th.

It is important to note that no student will begin this program on the same day that money is submitted; he/she will begin the following day.

The cost of the program will now be $225.00 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.

Please note that all future payments will be due no later than the First of each month. Please make sure to adhere to this time frame for payments as we will no longer be allowing students to remain in the program if the fee is not submitted prior to the start of each month.

The program runs Monday through Friday from the end of the school day until 5:45 p.m. The program will NOT operate when schools are closed or on a half day schedule so please be diligent in visiting our website www.ps69.org on a consistent basis and making arrangements for these times.

This after school program will include time for homework assistance, recreation, and sports. Program offerings are dependent upon the number of children participating. Students are to bring their own snacks.

Your child will be supervised by our very own P.S. 69 staff members who will be adhering to the Chancellor’s Code of Conduct while facilitating this program.

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. NO EXCEPTIONS!

Parents/Guardians who are late more than three times in picking up their children will lose the privilege of participating in the Anchors Away Program. No exceptions will be made!

Please feel free to reach out to Mrs. Michelle Yzaguirre, Parent Coordinator, or Mrs. Roseann Fullum should you have any additional questions.

Anchored in Excellence Always,
Doreen E. Murphy
Principal

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

ANCHORS AWAY REGISTRATION FORM FOR 2019-2020

Student’s Name_________________________ Class_____________________

[ ] I understand that my payments for ANCHORS AWAY will be due the First of every month and that my child will not be permitted to remain in the program if payments are not rendered on time.

[ ] 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. There will no longer be any exceptions made to this rule.

[ ] I am giving permission for my child to be picked up from the ANCHORS AWAY program by any of the contacts that I have listed.

Parent’s/Guardian’s Name__________________________ Signature_________________________
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 PHONE _______________

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS? _______________________________
ALLERGIES? __________________________________
EPI PEN? ______________________________________

PLEASE ATTACH A NOTE TO THE APPLICATION FORMS EXPLAINING THE CONDITION AND
PHYSICAL LIMITATIONS.

PLEASE ACCEPT MY CHILD ________________________________ CLASS_______________
INTO THE ANCHORS AWAY PROGRAM

PARENT’S/GUARDIAN’S SIGNATURE_____________________________________________________

__________________________________________________________________________________

PARENT/GUARDIAN INFORMATION

MOTHER’S NAME_______________________ HOME PHONE_______________
PLACE OF EMPLOYMENT_______________________ WORK PHONE_______________
CELL PHONE #_______________________
BUSINESS ADDRESS_______________________________________________________________

FATHER’S NAME_______________________ HOME PHONE_______________
PLACE OF EMPLOYMENT_______________________ WORK PHONE_______________
CELL PHONE #_______________________
BUSINESS ADDRESS_______________________________________________________________

GUARDIAN’S NAME_______________________ HOME PHONE_______________
PLACE OF EMPLOYMENT_______________________ WORK PHONE_______________
CELL PHONE #_______________________
BUSINESS ADDRESS_______________________________________________________________

__________________________________________________________________________________

EMERGENCY CONTACT PERSON OR DESIGNEE

1. NAME_______________________ RELATIONSHIP TO CHILD_______________________
ADDRESS_______________________ HOME PHONE_______________________
CELL PHONE #_______________________

2. NAME_______________________ RELATIONSHIP TO CHILD_______________________
ADDRESS_______________________ HOME PHONE_______________________
CELL PHONE #_______________________