



Established 1963

Lake Castle Private School

8400 Hayne Boulevard
New Orleans, Louisiana 70127
Phone: 504-242-6270
Fax: 504-241-7844

Dear Parents,

After School Care fees are \$3.00 per hour, per child. ***An advance payment of \$100 is required to enroll in the After-School Care program. Please complete the form on the reverse and attach a pre-payment check made payable to "Lake Castle Private School" for enrollment in the program.*** Be sure to include your child's name in the memo section to insure proper credit. You will be notified once your account reaches a low balance, and additional advance payments will be required. If your account becomes delinquent, your child will not be allowed to participate in the After-School Care program. Our After-Care services' dedicated phone number is **(318) 661-0508**. This number will only be attended during the hours of 3:00—6:00 PM. Please record this number for future reference.

After-care begins at 3:00 PM and ends at 6:00 PM ***sharp***. It is extremely important that you pick up your child on time, allowing for enhanced cleaning procedures. There is a late fee charge of \$1.00 per minute per child after 6:00 PM. ***Please strictly adhere to these rules. Make sure other arrangements are made in case of inclement weather, traffic conditions (including accidents, road closures, etc.), illness. At the second occurrence, the child will not be permitted to use the after school care services. NO EXCEPTIONS will be made.***

At check-in, students' temperatures will be screened with a touchless thermometer and hands will be sanitized. Students will be grouped by class and grade level with social distancing since the students may be from different classes. Signs will be posted to that effect. Enhanced sanitation practices have been implemented for the health and safety of your child.

Parents should report to the pavilion/gym when picking up students. Upon arrival, please report to the sign out table and wait for your child to be dismissed.

Jane Butera McGovern
Head of School

I have read and understand all After School Care procedures:

Parent's Signature

Date

Student's Name

Class

Jane Butera McGovern
Head of School

Daniel G. McGovern
Upper Elementary Principal

Lisa C. Hankins
Lower Elementary Principal



AFTER/BEFORE SCHOOL CARE

Student _____
First Last

Address _____ Phone _____

City, State, Zip _____

Mother's Name _____

Mother's Address _____ Phone _____

Work Phone _____ Cell Phone _____

Father's Name _____

Father's Address _____ Phone _____

Work Phone _____ Cell Phone _____

WITH WHOM CHILD RESIDES MOTHER _____ FATHER _____

My child will be going to after school care on a regular basis _____ or occasionally when needed _____

Please list the names and grade levels of any other children you have attending Lake Castle at this time.

Please list the names of ***all people*** you authorize to pick your child up from school. Please understand we will not release your child to anyone not listed below.

Name/Relationship: _____ Phone _____

Name/Relationship: _____ Phone _____

Name/Relationship: _____ Phone _____

Name/Relationship: _____ Phone _____

Name/Relationship: _____ Phone _____

On the bottom of this page, please list any health concerns regarding your child.

 Parent/Guardian's signature

 Date

