



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 and Before-School Care fees are \$3.50 per hour, per child. ***An advance payment of \$100 is required to enroll in the after/before-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. CASH IS NOT ACCEPTED.*** Be sure to include your child's name in the memo section to insure proper credit. If your account becomes delinquent, your child will not be allowed to participate in the program. Our before/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. If you arrive after 3:15 PM and the security gate is closed, ***please follow directions on the keypad for entry.***

Before-care begins at 7:00 AM, not before. Please be advised that there is NO ADULT supervision at Lake Castle prior to 7:00 AM.

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. 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.

Parents should report to the after-care classroom or the pavilion when picking up students. Upon arrival, please report to the moderator's desk and wait for your child to be dismissed. Homework is to be done in ASC during the 3:00—4:00 PM hour in class. (This rule applies to students in 1st grade and above.) Weather permitting, one hour is spent outside under the pavilion, where students will be able to eat their snacks.

Jane Butera McGovern
Head of School

I have read and understand all Before/After-School Care procedures:

Parent's Signature

Date

Student's Name

Class

Jane Butera McGovern
President

Daniel G. McGovern
Upper Elementary Principal

Lisa C. Hankins
Lower Elementary Principal



BEFORE/AFTER-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 before school care on a regular basis _____ or occasionally when needed _____

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

