

# E.E. Lyon Elementary School

*Title I Distinguished School*

Rebecca L. Birkett  
*Principal*

Lauryn M. Faciane  
*Assistant Principal*

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Dear Parents & Guardians,

Welcome to another exciting school year! Lyon Elementary will be offering Before School Care and After School Care programs again this school year. This program is offered to Lyon Elementary School students only.

After school care and before school care will begin on **Monday August 9, 2021**. The program will follow the STPPS Calendar.

There is a registration form to complete if your child(ren) will be attending. It is attached to this letter. There is also a registration fee of \$10 per family.

## **BEFORE SCHOOL CARE 7:05-8:05AM DAILY**

The charge for Before School Care is \$5.00/day per child for regular attendees. For drop-ins the price is \$6.00 per child and is due the morning they attend. **Students attending Before School Care must be walked to the school cafeteria door and signed in by a parent/guardian. There is a Before Care/After Care Sign on the door.**

## **AFTER-SCHOOL CARE 3:31-6:00PM DAILY**

The charge for After School Care is \$9.00/day per child for regular attendees. For drop-ins it is \$10.00 per child and is due at pick-up. The After-School Care Program will start at 3:31 when school ends and last until 6:00pm. During this time, the students will be given a snack and offered assistance with homework. If you arrive after 6:00pm, A \$10.00 late pick-up fee will be charged for each 15 minutes (1-15 minutes; 16-30 minutes; 31-45 minutes, etc.). **Pick up will be at the school cafeteria door where you will sign your student out. There is a Before Care/After Care Sign on the door. Please have a valid Photo ID.**

**\*\*\*The Before/After-School Care Phone Number is (985)892-0345\*\*\***

***Please use this number to contact the Program Director during their program hours.***

## **PAYMENTS**

Payments for both programs will be due on Friday for regular attendees. If you owe for the prior week, your child will not be allowed to attend until the previous week's payment is received.

My Payments Plus Online is another option for payments. Make sure to click Before Care and After Care when making payments. Please make checks payable to: LYON ELEMENTARY SCHOOL. Please put your child's full name on the memo line on your check.  
*\*There will be a \$10 fee for any NSF checks.*

If you have a past due balance from the previous school year, it is due the first week of school and your child will not be allowed to start Before/After-School Care until it is paid.



In order to ensure the safety of all children, every student is expected to follow our ROAR expectations and rules of the school. All must adhere to these rules and regulations in order to continue to participate in the program. Students who consistently choose to act in an inappropriate manner at Before or After School Care will not be allowed to attend. Severe infractions may warrant immediate removal from the program.

We pledge to provide a safe and happy environment for your child(ren) before and after school each day.

*Amanda Pritchard*  
BSC/ASC Director

*Rebecca Birkett*  
Principal

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1615 N. FLORIDA STREET  
COVINGTON, LOUISIANA 70433  
(P)985-892-0869 (F)985-892-7971



"Lyon...  
Here We Roar!"

2021-22 LYON ELEMENTARY  
BEFORE CARE AND AFTER SCHOOL CARE REGISTRATION FORM

Student Information

Child's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Mother/Guardian 1 Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father/Guardian 2 Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Names and Phone Number:

\_\_\_\_\_  
\_\_\_\_\_

Names of persons who have permission to pick up your child:

\_\_\_\_\_  
\_\_\_\_\_

Is there anyone who does NOT have permission to pick up your child? If YES, please list name and relationship to child.

\_\_\_\_\_

Does your child have an IEP, 504 Plan or any medical/food allergies we need to be made aware of?

\_\_\_\_\_ YES \_\_\_\_\_ NO

*If the answer to the above question is yes, please contact the school office to receive **FORM C** for completion.*

My child will attend:

\_\_\_\_ BEFORE CARE

\_\_\_\_\_ FULL-TIME (5 days a week) or \_\_\_\_\_ PART TIME (Mark the days they will attend)

M\_\_\_ T\_\_\_ W\_\_\_ TH\_\_\_ F\_\_\_

\_\_\_\_ AFTER CARE

\_\_\_\_\_ FULL-TIME (5 days a week) or \_\_\_\_\_ PART TIME (Mark the days they will attend)

M\_\_\_ T\_\_\_ W\_\_\_ TH\_\_\_ F\_\_\_

My signature below verifies that I have read, understand and agree to abide by all the guidelines of the Before and After-School Care Programs at Lyon Elementary.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_