

# E.E. Lyon Elementary School

*Title I Distinguished School*

Rebecca L. Birkett  
*Principal*

Lauryn M. Faciane  
*Assistant Principal*

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Dear Parents,

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.

Although we start the 2020-2021 School Year Safe Start Days on Tuesday, September 8<sup>th</sup>, 2020, please note that **we will not begin before school care and after school care until MONDAY, SEPTEMBER 14<sup>TH</sup>, 2020.**

There is a registration form to complete if your child(ren) will be attending.

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

The charge for **Before School Care is \$5.00 per day** for regular attendees and **\$6.00 for drop-ins** due the morning they attend.

Students participating in the Before Care Program will need to be walked into the School Cafeteria and signed in by a parent/guardian.

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

The charge for **After School Care is \$9.00 a day** for regular attendees and **\$10.00 for drop-ins** due at pick up that afternoon.

The After School Care Program will start at 3:31 when school ends until 6:00pm. If you arrive after 6:00pm there is a late fee of \$2.00 a minute for each child till picked up. Children will be checked in and must be signed out by a parent/guardian. During this time, the students will be given a snack and juice provided by the cafeteria and offered assistance with homework. **PICK UP WILL BE IN THE SCHOOL CAFETERIA AT A DESIGNATED TABLE WHERE YOU WILL SIGN YOUR STUDENT OUT.**

**\*\*\*AFTER SCHOOL CARE Phone Number is (985)892-0345\*\*\***

**PAYMENTS**-Payments for both programs will be due on Friday. 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.**

A \$10.00 SERVICE CHARGE will be charged for any NSF checks. Please put your child's full name on the memo line on your check.

**Be aware, 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 School Care or After School Care until it is paid.**

**BE AWARE THAT YOUR CHILD(REN) WILL BE IN A DIFFERENT STATIC GROUP IN BEFORE & AFTER SCHOOL CARE THAN THEY ARE IN THE CLASSROOM. HOWEVER, THEY WILL REMAIN IN THE SAME STATIC GROUP IN BSC/ASC.**

In order to ensure the safety of all children, every student is expected to follow the LES rules and regulations. 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.

Sincerely,

Amanda Pritchard (Director)

Rebecca Birkett (Principal)

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## 2020-21 BEFORE CARE AND AFTER SCHOOL CARE REGISTRATION FORM

### Student Information

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

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

Mother's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Work : \_\_\_\_\_ Home \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Work : \_\_\_\_\_ Home \_\_\_\_\_

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.

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

Please list any allergies or other information you feel we may need to know about your child.

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

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\_\_\_

I have read and understand all the guidelines of the BEFORE and AFTER care programs.

Parent's Signature \_\_\_\_\_