



August, 2020

Dear Parents:

The School District of New London's after school program, "Success Unlimited", offered at Parkview. Our goal is to provide a safe place where elementary school students can complete their homework and extend their learning opportunities in reading, math and writing.

We have an excellent staff and many activities for your child to participate in after school. Our "Success Unlimited" schedule includes a healthy snack and homework time between 3:15 p.m. – 4:30 p.m. followed by free choice activities from 4:30 p.m. – 5:30 p.m.

"Success Unlimited" will run Monday – Friday from 3:15 pm. – 5:30 p.m. Parents may pick up their child at any time prior to 5:30 p.m. A late fee of \$5.00 will be applied for any child being picked up after 5:30 p.m. Our program will run on full school days. The after school program will not run on days when school is dismissed early or cancelled due to bad weather.

The pick-up area for all students attending the ASP will be on Jennings Street in the multi-purpose room entrance.

Cost: Cost per student per daily attendance is \$5.00 with a weekly family cap of \$40.00. Families who qualify for Reduced Lunch will be charged \$3.00 per student per daily attendance and families who qualify for Free Lunch will be charged \$1.00 per student per daily attendance. Late fees apply for all students.

The fee is calculated monthly and a statement will be sent in your child's **Thursday Envelope** the first week of each month. Payments are due by the 15th of each month and all accounts must be kept current in order for your child/ren to continue attending the after school program. Checks should be made payable to the School District of New London.

Attached you will find a permission slip that must be completed before your child may attend "Success Unlimited". Please note that parents are responsible for transporting their child home in the evening. Parents will need to enter the building and electronically sign their child out with one of the supervising adults.

Please feel free to contact me at 982-8538 with any further questions you may have.

Sincerely,

Jody Peterson, Principal
Parkview Elementary School

Nondiscrimination statement:

It is the policy of the School District of New London that no person may be denied admission to any public school or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, extracurricular, pupil services, recreational or other program or activity because of the person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.

Parkview "Success Unlimited" Program

Child's Name _____

Parent's Name _____

Phone Number _____ Cell Number _____

Work Number _____

Emergency Contact Person _____ Phone Number _____

Authorized Person to pick up child other than parents _____

- I understand it is my responsibility to provide transportation home. If a need arises for another adult to pick up my child, I will write a note of permission to do so.
- I understand if my child will be absent from the program on a designated day, I will call Parkview School and notify them.
- I understand that I will need to enter the building and sign my child out with a supervising adult. A \$5.00 late charge will be implemented after 5:30 p.m.
- I understand that the program will run on full school days.
- I understand that the program will not run on days that school is released early or canceled due to inclement weather.
- I understand my child will be dismissed from the program if his/her behavior is not acceptable.
- I understand that I will be billed monthly and my account must be paid in full each month in order for my child to continue to attend the "Success Unlimited" Program.
- I would like to enroll my child on the following days:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ As Needed

Parent's Signature _____ Date _____

Do school officials have your permission to transport or secure emergency medical treatment for your child if an illness or accident occurs? ___ Yes ___ No

Does your child have any special health concerns we should be aware of? ___ Yes ___ No
If yes, please explain: _____

After School Program - First week of school (staggered start)

The first week of school is staggered meaning that only the grades that are attending school that day can attend the after school program.

Date	Grade
Tuesday, September 1	3 and 4
Wednesday, September 2	1 and 2
Thursday, September 3	4K and K
Friday, September 4	K-4

pick up in the multi-purpose room entrance on Jennings Street