

# **School District of New London**

#### PARKVIEW ELEMENTARY SCHOOL

1300 Werner-Allen Road New London, WI 54961 Phone (920) 982-8538 Fax (920) 982-8700

FOLIAL OPPORTUNITIES IN EMPLOYMENT - CURRICULUM - ACTIVITIES

Jody Peterson, Principal jpeterso@newlondon.k12.wi.us

## Dear Parents:

The School District of New London's after school program, "After School Program", 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 "After School Program" schedule includes a healthy snack and homework time between 3:15 pm- 4:30 pm followed by free choice activities from 4:30 pm - 5:30 pm

"After School Program," will run Monday – Friday from 3:15 pm– 5:30 pm. 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 pm. Our program will run on full school days. The after school program will not run on days when school is dismissed early or canceled 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.

**Phone Number:** The "After School Program" phone number is (920) 538-2919. Please use this number to communicate to the supervisors that you are here to pick up your child. Call or text the number above for pickup. When the supervisors receive the call or message they will send your child out to you. This will provide safety and better communication with the ASP.

**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.

All accounts must be kept current in order for your child to continue attending the after school program.

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 C	ell Number
Work Number	
Emergency Contact Person	Phone Number
Authorized Person to pick up child other than parents	
• I understand that my child's homework may be starte completed.	ed but may not necessarily be
• I understand it is my responsibility to provide transp	
another adult to pick up my child, I will contact the p	
• I understand that a \$5.00 late charge will be implemented after 5:30 p.m./child per 15 minutes. If there is a late pickup, after 3 times, the child(ren) will be dismissed from the	
minutes. If there is a late pickup, after 3 times, the chiprogram.	lia(ren) will be dismissed from the
<ul> <li>I understand that the program will not run on days the due to inclement weather.</li> </ul>	at school is released early or canceled
• I understand that I will be billed monthly and my acco	
order for my child to continue to attend the After Sch	
<ul> <li>I understand a progressive discipline model will be in eligibility for continuation in the program.</li> </ul>	nplemented to determine a child's
• 1st offense: Sent home from ASP with a wa	
2nd offense: Sent home from ASP with 1 day suspension	
<ul> <li>3rd offense: 10 school days suspension fro</li> <li>4th offense: 20 school days suspension fro</li> </ul>	
• 5th offense: Suspension from ASP for the	
Parent's Signature	Date
Do school officials have your permission to transport of child if an illness or accident occurs? Yes	or secure emergency medical treatment for your No
Does your child have any special health concerns we s	should be aware of? Yes No
If you please explain:	

<sup>\*\*\*</sup>pick up in the multi-purpose room entrance on Jennings Street\*\*\*