Family Last Name:_____

AFTER SCHOOL ACTIVITIES PROGRAM (ASAP)
2026-2027 PARENT CONTRACT

By enrolling your child(ren) in the OLVCS After School Activities Program, you are agreeing to accept the following policies and procedures:

1. Only enrolled OLVCS students are eligible to participate in ASAP.
2. ASAP runs the end of school (2:30 PM) until 5:30 PM on days that school is in session. 3. There is no ASAP on professional development (in service) days, parent-teacher conference days, the last day of school, or in the event of an early dismissal due to weather or other emergency. 4. It is the parent/guardian's responsibility to inform the school office regarding his/her student(s)'s ASAP schedule. It is preferred that this is done in writing with a signed note to the school office. 5. Fees for ASAP participation are assessed as follows:

Time Signed Out	Fee Incurred
2:30-3:30 PM	$7.50
3:31-4:30 PM	$15.00
4:31-5:30 PM	$22.50

6. A late fee of $30 will be assessed for any student who is picked up and signed out after 5:30 PM. 7. At ASAP a student may eat a snack provided by their parent/guardian, and snacks are available for purchase for an additional fee of $1.00 per snack.
8. Students will only be released to parents/guardians and other individuals over the age of 16 years listed on the ASAP Emergency Information Form. It is the parent/guardian's responsibility to ensure that the information on this form is up-to-date. Changes to the form must be submitted to the school office in writing. Students are NOT permitted to walk home from ASAP.
9. Parents/guardians are billed monthly for time their student(s) has attended ASAP. Invoices are sent and payments may be made through the FACTS system.
10. Payment is due at the end of the month after ASAP was provided. If payment is not received by the due date, the student(s) will not be permitted to attend ASAP until the delinquent payment is received.

I have reviewed and understand the policies and procedures of the OLVCS After School Activity Program and wish to enroll my child(ren) in the program.

_____ _____

Parent/Guardian Signature Date

Family Last Name:_____

AFTER SCHOOL ACTIVITIES PROGRAM (ASAP)

2026-2027 EMERGENCY INFORMATION

Student Information:

Name Homeroom	Teacher	Buy Snack?

Parent/Guardian Information:

Name	Cell Phone #	Work Phone #	Home Phone #

Emergency Contact Information: Individuals to contact if parent/guardians are unavailable:

Name	Cell Phone #	Work Phone #	Home Phone #

Pick-up Information: In addition to parents/guardians, the following individuals may pick up the children listed above:

Name	Relationship to Child

Allergy Information:

Name of Child	Allergy

*****AT NO TIME WILL A CHILD BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED ON THIS FORM, WITHOUT PARENT/GUARDIAN CONSENT*****