

# Our Lady of Peace School AFTER SCHOOL PROGRAM

Family Name \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Work# \_\_\_\_\_

Father's Cell \_\_\_\_\_ Work# \_\_\_\_\_

I am interested in sending my child to aftercare on the following days-  
\_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday \_\_\_Friday

My child/children will stay until \_\_\_\_\_. (Hours are 2:40PM – 5:45PM)

Costs	Hourly
1 child	\$12
2 children	\$15
3 children	\$18

**The After School Program charges by the hour. You are responsible to pay for the entire hour even though only a portion was used.**

Please note: If you child is not picked up by 5:45PM, an increasing late fee will be charged per child. (\$6 – 15 minutes, \$13 – Half and hour, \$21 – 45 minutes, \$30 – 1 hour)

**A snack and drink must be sent in with your child each day. Please list any allergies your child has** \_\_\_\_\_.

**A registration fee of \$25.00 per family is due with this form.**

**Registration is on a first-come-first serve basis. Please return to the office.**

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

\_\_\_\_\_  
Date