

BEFORE AND AFTER SCHOOL CARE REGISTRATION FORM

Our Lady of the Wayside School offers a before and after school care program for registered OLW students who require care before and/or after regular school hours. The program will be in operation on full days of school during the school year.

PROGRAM DIRECTOR: Mrs. Kim Brennan daycare@olwschool.org

Before-school hours: 7:15 A.M. – 8:00 A.M.	After-school hours: dismissal – 6:00 P.M.
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Before and after school care is only available on full days of school.

No after-school care is available on shortened days of school. Before-school care is.

No before and after school care is available on the FIRST day of school.

No after school care is available on the AFTERNOON of LAST day of school.

Cost: \$30.00 Registration fee

Payments: Billing statements are mailed out monthly, to be paid within 7 days
Hourly rates are not available.

Child(ren)'s first and last names	Male or Female	Grade

~ ~ Please complete both sides of this registration form. ~ ~

Address _____

City/State/Zip _____

How will you anticipate using **before-school** care? (circle one) 5 days 4 days 3 days 2 days as needed

How will you anticipate using **after-school** care? (circle one) 5 days 4 days 3 days 2 days as needed

Legal Custody: Both Parents ____ Mother only ____ Father only ____ Other _____

**ATTACHED IS MY NON-REFUNDABLE REGISTRATION FEE OF \$30.00
(Please make checks payable to Our Lady of the Wayside School.)**

Signature of Parent _____ Date _____

Amount pd. _____ Check # _____

EMERGENCY CONTACTS: (List #1. and #2. in order of preference to call)

1. Parent/Guardian _____

Address _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

Email _____

2. Parent/Guardian _____

Address _____

Home Phone () _____

Work Phone () _____

Cell Phone () _____

Email _____

OTHER LOCAL PEOPLE TO CALL IN CASE PARENT/GUARDIAN CANNOT BE REACHED: (please list two in order)

1. Name _____

Relationship to student _____

Phone number #1 () _____

Phone number #2 () _____

2. Name _____

Relationship to student _____

Phone number #1 () _____

Phone number #2 () _____

OTHER ADULTS WHO HAVE PERMISSION TO PICK UP YOUR CHILD(REN):

1. _____

Relationship to student _____

2. _____

Relationship to student _____

3. _____

Relationship to student _____

4. _____

Relationship to student _____

5. _____

Relationship to student _____

Please list any food allergies or medical concerns:
