



Our Lady of the Wayside School



BEFORE AND AFTER SCHOOL CARE REGISTRATION FORM

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



Our Lady of the Wayside School offers a before and after school care program for registered full day OLW students. You may register at any point in the school year. Parents are billed at the end of the month for the days they used the program. Please refer to the program flyer for current rates.

Before School Care: 7:15am – 8:00am
 After School Care: dismissal – 6:00pm

Before and after school care is not available on the FIRST day of school. No after-school care is available on days with early dismissal.

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

Child's first and last name	Male or Female	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address _____

City, State, Zip _____

Legal Custody: Both Parents Mother only Father only Other _____

Which days do you anticipate using **before-school** care? M _T ___W ___Th ___F ___ as needed

Which days do you anticipate using **after-school** care? ___M ___T ___W ___Th ___F ___ as needed

ATTACHED IS MY NON-REFUNDABLE REGISTRATION FEE OF \$30.00
 (Checks payable to Our Lady of the Wayside School or Cash)

Signature of Parent _____ Date _____

Office use only:
 Amount pd. _____ Check # or Cash: _____

Name of parent filling out Emergency Contact Form: _____

Signature _____ Date _____

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

1.Parent/Guardian _____ 2.Parent/Guardian _____

Address _____ Address _____

Phone (cell, home, work) _____ Phone (cell, home, work) _____

Phone (cell, home, work) _____ Phone (cell, home, work) _____

Phone (cell, home, work) _____ Phone (cell, home, work) _____

Email _____ Email _____

NON-FAMILY/GUARDIAN EMERGENCY CONTACTS (please list two in order)

1.Name _____ 2.Name _____

Relationship to child _____ Relationship to child _____

Phone (cell, home, work) _____ Phone (cell, home, work) _____

Phone (cell, home, work) _____ Phone (cell, home, work) _____

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

1. _____ relationship to child _____

2. _____ relationship to child _____

3. _____ relationship to child _____

4. _____ relationship to child _____

5. _____ relationship to child _____

Please list any food allergies or medical concerns:

If you have any questions, feel free to contact our Program Director, Mrs. Kim Brennan, via email at daycare@olwschool.org