



PROGRAM DIRECTOR: Mrs. Kim Brennan [daycare@olwschool.org](mailto: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

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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:

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