

**Our Lady of Lourdes Catholic School
Aftercare Program
Registration Form 2017-2018**

Family Name: _____

Children:	Sex	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOME: Address: _____
Phone: _____

Child/ren reside with: _____

MOTHER: Name: _____ Phone: _____
Name of employer: _____
Work address: _____
Work phone: _____
Cell phone: _____

FATHER: Name: _____ Phone: _____
Name of employer: _____
Work address: _____
Work phone: _____
Cell phone: _____

Please list below any individuals who are permitted to pick up your child/ren:

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Parent Signature

Parent Signature

Date

Date

**Our Lady of Lourdes School
Aftercare Program
Release Form 2017-2018**

I hereby give my consent for any emergency facility and/or physician to administer necessary emergency treatment for my child/ren.

Family name: _____

Children	Sex	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the event of an emergency, and I cannot be reached, I give consent to transport my child/ren by ambulance, if the situation warrants such action.

Physician's name: _____ Phone: _____

Please indicate any medical problems we should be aware; i.e. allergies, asthma, insect or sting/bite reactions, etc.

Date of last DPT or Tetanus:

Insurance company covering child/ren: _____

Policy No. _____ Supplemental Ins.: _____

Parent Signature

Parent Signature

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this (date) _____

by (name) _____ who is personally known to me or has

produced _____ as identification.

Signature of person taking acknowledgment

Notary Public Seal

MONTHLY AFTERCARE PROGRAM 2017-2018

The Aftercare Program at Our Lady of Lourdes School will begin the first full day of school, which is Wednesday, August 9, 2017.

In order for your child to be enrolled in the Aftercare Program for the 2017-2018 school year, the following is required:

- 1) Completed registration form.
- 2) **\$25.00 family registration fee paid in advance.**
- 2) Completed and notarized release form. (Mrs. Carter can notarize.)
- 3) All monthly payments are due the first of each month. Drop-in rates are due upon request.

The above forms, which are attached, along with your first month's payment, must be received by the school office prior to your child/ren starting in the Aftercare Program.

If you require any additional information, please contact Mrs. Carter at the school office.

SCHEDULE OF PAYMENTS

	<u>FIRST CHILD</u>	<u>SIBLINGS</u>
MONTHLY RATE	160.00	First Sibling 100.00 Each Additional Sibling 75.00
DROP-IN DAILY RATE	20.00	Each Additional Sibling 10.00
<u>PRORATED MONTHS:</u>		
August 2016	120.00	70.00
November 2016	120.00	70.00
December 2016	85.00	70.00
April 2017	120.00	70.00

NOTE: Aftercare closes promptly at 6:00pm. An additional \$1.00 per minute will be charged to your account beginning at 6:01pm.

Delinquent payments will cause your child/ren to be removed from the Aftercare Program.