

**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**

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