

Our Lady of Lourdes Catholic School
Aftercare Program
Registration Form 2019-2020

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 Catholic School
Aftercare Program
Release Form 2019-2020

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 of; 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 2019-2020

The Aftercare Program at Our Lady of Lourdes School will begin the first full day of school, which is Monday, August 12, 2019.

In order for your child to be enrolled in the Aftercare Program for the 2019-2020 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. (Anna Marie Mastrangelo can notarize)
- 3) All monthly payments are due at the time of billing. You will be notified by email of the charges for the previous month within the first week of the following month. We offer automated billing every month for your convenience by keeping a credit card on file at the school office. At this time, you may still pay by check by turning it into the school office or sending it in with your child.

The above forms, which are attached, along with your registration fee, must be received at the school office in order for your child/ren to attend aftercare the first day of school.

If you require any additional information, please contact Mrs. Suarez at mrssuarez@myoll.com

SCHEDULE OF PAYMENTS

| | <u>FIRST CHILD</u> | <u>SIBLINGS</u> |
|--------------------------------|---------------------------|---|
| MONTHLY RATE | 175.00 | 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 2019 | 130.00 | 70.00 |
| November 2019 | 130.00 | 70.00 |
| December 2019 | 90.00 | 70.00 |
| April 2020 | 130.00 | 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. If this becomes a regular occurrence you will be asked to have a meeting with the Director.

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