

# Sensational Kids

At

## Our Lady of Hope Catholic Academy (2017 – 2018)

### After School Program Application

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_

Mother's Mobile Number: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_

Father's Mobile Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Check Program Needed:

\_\_\_ Weekly Program: \$80.00 Monday - Friday, (Dismissal - 6:00PM)

\_\_\_ Daily Program: \$19.00 Per Day (Dismissal - 6:00PM)

\$11.00 Per Day (Dismissal - 3:30PM)

Check Days Needed: Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_

Additional School Half Days: \$10.00 Per Day Added To Daily or Weekly Fee

Late Fees: \$10.00 Per ½ Hour From 6:00PM - 7:00PM

**Please Note: All fees must be paid no later than the Friday of the week your child(ren) is attending. A \$10.00 late payment fee will be added per week to any outstanding balances not paid. The weekly rate of \$80.00 cannot be divided into a daily rate. The daily rate is \$19.00 per day, \$29.00 per day for half day. The program reserves the right to exclude your child(ren) from the program due to non-payment of fees.**

I give permission for the program to authorize emergency medical procedures if necessary.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A \$25.00 non-refundable "Registration Fee" per child must be included with all applications. Please make checks payable to "Sensational Kids".

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### After School Program Pick-up Authorization (2017-2018)

Child(ren)'s Name(s): \_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ give permission for the following adults  
Print Name

to pick-up my child(ren) from Sensational Kids After School Program at Our Lady of Hope.

_____	_____
Name:	Telephone:
_____	_____
	Mobile Telephone:

_____	_____
Name:	Telephone:
_____	_____
	Mobile Telephone:

_____	_____
Name:	Telephone:
_____	_____
	Mobile Telephone:

_____	_____
Name:	Telephone:
_____	_____
	Mobile Telephone:

All adults listed above must have identification with them.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_