

Sensational Kids

At

Our Lady of Hope Catholic Academy (2017 – 2018)

Early Morning 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: _____

Program Fee:

_____ Daily Program: 7:00AM - 7:55AM \$5.00 Per Day

_____ Daily Program: 7:30AM - 7:50AM \$2.50 Per Day

Check Days Needed: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Please Note: All fees must be paid no later than the Friday of the week your child is attending. The program reserves the right to exclude your child 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 \$10.00 non-refundable "Registration Fee" per child must be included with all applications. Please make checks payable to "Sensational Kids".

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Early Morning Program Pick-up Authorization (For Emergencies Only)

In situations when you child may be ill and need to be picked up from the early morning program prior to the start of the regular school day.

Child(ren)'s Name(s): _____

I _____ give permission for the following
Print Name

adults to pick-up my child(ren) from Sensational Kids Early Morning Program at Our Lady of Hope Catholic Academy.

_____	_____
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: _____