

# Our Lady of Hope

(2020-2021)

## After School Program Application

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

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

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

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

Main Contact Number: \_\_\_\_\_

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: \_\_\_\_\_

Select program needed:

\_\_\_\_\_ Weekly Program: \$80 Monday – Friday, (Dismissal – 6:00pm)

\_\_\_\_\_ Daily Program: \$11 Per Day (Dismissal – 6:00pm)

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

Additional School Half Days: \$10 per day added to daily or weekly fee

Late fees: \$10 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 late payment fee will be added per week to any outstanding balances not paid. The weekly rate of \$80 cannot be divided into a daily rate. The daily rate is \$19.00 per day, \$29 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 non-refundable Registration Fee per child must be included with all applications. Please make checks payable to Our Lady of Hope Catholic Academy or OLHCA.

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## After School Program Pick-up Authorization (2020-2021)

Child(ren)'s

Name(s): \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ give permission for the following

Print Name

adults to pick-up my child(ren) from OLHCA after school program.

\_\_\_\_\_

\_\_\_\_\_  
Name

Telephone

\_\_\_\_\_

\_\_\_\_\_  
Name

Telephone

\_\_\_\_\_

\_\_\_\_\_  
Name

Telephone

\_\_\_\_\_

\_\_\_\_\_  
Name

Telephone

All adults listed above must have identification with them.

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

\_\_\_\_\_

Date