

Our Lady of Hope Catholic Academy

(2020-2021)

Early Morning 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:

_____ Daily Program: 7:00am ~ 7:55am \$5 Per Day

_____ Daily Program: 7:30am ~ 7:55am \$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(ren) is attending. A \$10 late payment fee will be added per week to any outstanding balances not paid. 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 \$10 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.

Our Lady of Hope

Early Morning Program:

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

Name	Telephone
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Name	Telephone
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Name	Telephone
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Name	Telephone
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All adults listed above must have identification with them.

Parent's Signature: _____

Date