



Our Lady of Peace
SCHOOL

REGISTRATION INFORMATION

Parent/Guardian Name _____ Phone _____
(please print)

Address _____

Child/Children

Name _____	Grade _____	Birth Date _____
Name _____	Grade _____	Birth Date _____
Name _____	Grade _____	Birth Date _____
Name _____	Grade _____	Birth Date _____

My child/children will participate in the Our Lady of Peace Extended Care Program on the following days:

<u>Day</u>	<u>Arrival Time</u>	<u>Departure Time</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Please indicate day(s) along with approximate arrival time and/or departure time. Before school program starts at 7:00AM and after school program ends at 5:30PM.

\$20.00 Registration Fee/Family – Must accompany registration form

TWO-HOUR DELAY – Flat fee - \$6.00 (\$2.00 for each additional child)

AM Program: \$4.00 from 7:00a.m. – 8:15 a.m.;

(\$2.00 for each additional child)

PM Program: \$5.00 from 3:30p.m. – 5:30p.m. (\$2.00 for each additional child)

Early Dismissal: \$8.00 from 1:30p.m. – 5:30p.m. (\$2.00 for each additional child)

NO DROP-INS - CHILD MUST BE REGISTERED

Parent/Guardian Signature

Date



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SCHOOL

Extended Care

Emergency Information Form

Child/Children's Last Name _____

First Name(s) _____

Home Address _____ Telephone No. _____

Father's Work No. _____ Mother's Work No. _____

Illness or Accident or Leaving School Premises: In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence. They may also pick up my child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

The following person(s) MAY NOT pick up my child:

Doctor's Name and Telephone: If one of the above cannot be reached, I wish my child to be taken to the hospital. Yes No. If yes, which hospital _____

I wish any one of the following doctors to be notified:

Name _____ Phone _____

Name _____ Phone _____

Special Instructions -Allergies? Chronic Illness? Etc.