

**Our Lady of Consolation School  
Before and After Care Program  
Registration Form  
2018/2019**

**Registration Fee: \$25/Family**

**Session:**     \_\_\_\_\_ Before                    \_\_\_\_\_ After                    \_\_\_\_\_ Both

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

**Hours:**

AM – 6:30 – 8:15     PM – 3:20 – 6:00

**\*Drop off times between 6:30-7:15 AM must be scheduled ahead of time. Thank you.\***

Please indicate what times and days of the week you will need child care.

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before</b>					
<b>After</b>					

**Before and After Care Fees:**

1 Child - \$8/HR     2 Children - \$10/HR     3+ Children - \$12/HR

Late Pick Up Fees after 6:00 PM - \$1.00/minute, after 6:30, \$5.00/minute

Families will be invoiced every 4 weeks. Payment is expected 10 days after receipt of invoice.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date