

Academy of Our Lady of Grace

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2016-2017 SCHOOL YEAR

PLEASE SEND \$10 FAMILY REGISTRATION FEE WITH THIS FORM, NO CASH, CHECKS ONLY. IF YOU HAVE MORE THAN ONE CHILD ATTENDING THE AFTER SCHOOL PROGRAM, PLEASE INCLUDE ALL CHILDREN ON ONE FORM. THANK YOU. PAYMENTS ARE DUE WEEKLY. FAILURE TO MAKE ON-TIME PAYMENTS WILL RESULT IN YOUR CHILD NOT BEING ABLE TO ATTEND THE PROGRAM.

FEES:

<u>TIME</u>	<u>PER DAY EACH CHILD</u>
2:50 PM - 3:30 PM	\$ 6.00
2:50 PM - 4:00 PM	\$10.00
2:50 PM - 6:00 PM	\$15.00

FIRST FRIDAY FEES

12 NOON – 3:00 PM	\$15.00
12 NOON – 4:00 PM	\$18.00
12 NOON – 6:00 PM	\$25.00

CHILD'S NAME: _____ GRADE _____

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PARENTS NAME: _____

HOME #: _____ WORK #: _____ CELL #: _____

DAYS ATTENDING: _____ APPROX. PICKUP TIME: _____

NAME AND TELEPHONE NUMBER OF PERSON(S) WHO MAY BE CONTACTED IN CASE OF EMERGENCY: _____

PLEASE NOTE THE EMERGENCY PERSON WILL BE CALLED IF YOU DO NOT ARRIVE ON TIME TO PICK UP YOUR CHILD.

.**** IF EMERGENCY TREATMENT IS REQUIRED AND THE PARENT OR GUARDIAN CANNOT BE REACHED IMMEDIATELY, YOUR SIGNATURE BELOW WILL EMPOWER US TO HAVE YOUR CHILD TAKEN TO THE HOSPITAL.

PARENT'S SIGNATURE: _____