

# Academy of Our Lady of Grace

400 Kamena Street, Fairview, NJ 07022

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Website: [www.aolgfairview.org](http://www.aolgfairview.org)

## 2017-2018 SCHOOL YEAR

Please remit a \$10 family registration fee with this form. If you have more than one child attending the After School program, include all children on one form.

**A credit card number must be included on this form. This card will only be used if you do not remit your payment by due date shown on weekly bill. If you want to pay your bills automatically via credit card please mark bill accordingly. There will be a \$25.00 for any failed debit/credit transactions.**

### FEES:

<u>TIME</u>	<u>PER DAY EACH CHILD</u>
2:50 PM - 3:30 PM	\$ 6.00
2:50 PM - 4:00 PM	\$11.00
2:50 PM - 6:00 PM	\$16.00

### 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 #: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Name: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Sec Code \_\_\_\_\_

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: \_\_\_\_\_