

Our Lady of Peace School

AFTER SCHOOL PROGRAM

Family Name _____

Student _____ Grade _____

Student _____ Grade _____

Student _____ Grade _____

Home Address _____

Home Phone _____

Email Address _____

Mother's Cell _____ Work# _____

Father's Cell _____ Work# _____

I am interested in sending my child to aftercare on the following days-
___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

My child/children will stay until _____. (Hours are 2:40PM – 5:45PM)

Costs	Hourly
1 child	\$15
2 children	\$20
3 children	\$22

The After School Program charges by the hour. You are responsible to pay for the entire hour even though only a portion was used.

Please note: If you child is not picked up by 5:45PM, an increasing late fee will be charged per child. (\$6 – 15 minutes, \$13 – Half and hour, \$21 – 45 minutes, \$30 – 1 hour)

A snack and drink must be sent in with your child each day. Please list any allergies your child has

Please complete and return to the office.

Parent's Signature

Date