



Our Lady of Prompt Succor Central School

2305 Fenelon Street
 Chalmette, LA 70043
 271-2953

Please complete the information requested below; please list the names of the people to whom we may release your child/children if you are unable to pick them up. PLEASE NOTE: LIST EVERY NAME ON THE BACK WE WILL ONLY RELEASE TO THOSE ON THE LIST. Government issued photo identification may be requested at any time. You may add or take away from the list at any time.

If you have any questions, please call the office 271-2953 or email Brandie Amadeo @Bamadeo@olpsschool.org

EXTENDED DAY CARE APPLICATION

Child/Children's Name	Grade	Before(B) After(A) Both (BA)	Full Time	Part Time	List days for Part Time

* * * * *

Fees: Registration \$35.00 per family
 Before Care \$20.00 per child per week
 \$5.00 per child per day (Part time)
 After Care \$35.00 per child per week
 \$10.00 per day per child (Part time)
 After 6:00 pm \$5.00 per minute late

If any extended care account goes 4 weeks or more without payment student(s) will not be permitted to return to the extended care program until account is current

Persons to whom the EDC staff may release your child/children if you are not able to pick them up:
Please include their NAME, RELATIONSHIP, and PHONE NUMBER.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there anyone that you do not wish your child/children to be released to that we should be aware of:

NAME

AFFIDAVIT ON FILE IN SCHOOL OFFICE

_____	_____
_____	_____

In case of accident or serious illness, I request the EDC/School staff to contact me. If the staff is unable to reach me, I hereby authorize the EDC Director or principal to call the physician below and to follow his/her instructions. If it is impossible to contact this physician, the EDC Director or principal may make whatever arrangements that seem necessary.

Family Physician's Name _____

Office Telephone No. _____ Other Telephone No. _____

Remarks: Allergies: Other Conditions:

Signature of Parent or Guardian

Date

Parent or Guardian Name: _____ **Phone #:** _____

Parent or Guardian Name: _____ **Phone #:** _____