

# Academy of Our Lady of Grace

400 Kamena Street, Fairview, NJ 07022

Telephone: 201-945-8300 Fax: 201-945-4580

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

## 2025-2026 SCHOOL YEAR

All fees related to After Care will be charged twice a month via your FACTS account. Payments are no longer remitted to the school directly.

### FEES:

Family Registration Fee: \$25.00 – DO NOT REMIT

<u>TIME</u>	<u>PER DAY EACH CHILD</u>
3:00 PM - 3:30 PM	\$ 8.00
3:00 PM - 4:00 PM	\$14.00
3:00 PM - 6:00 PM	\$22.00

### FIRST FRIDAY FEES

12 NOON – 3:00 PM	\$15.00
12 NOON – 4:00 PM	\$20.00
12 NOON – 6:00 PM	\$30.00

CHILD'S NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

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

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

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

Name: \_\_\_\_\_

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

**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: \_\_\_\_\_