

Our Lady of Lourdes Aftercare Program
2017-2018 School Year
Registration Fee \$70.00 per Child

Information about Child

Last Name: _____ First: _____ M.I. _____

Address: _____ Zip _____ Phone: _____

E-Mail address _____ E-Mail address _____

Birthday Month: _____ Day: _____ Year : _____ Grade in 17/18 _____

Parent Information

Mother's Name: _____ Address: _____ Zip _____

Mother's Home #: _____ Work #: _____ Cell # _____

Mother's Employer: _____ Occupation: _____

Father's Name: _____ Address: _____ Zip _____

Father's Home #: _____ Work #: _____ Cell # _____

Father's Employer: _____ Occupation: _____

Persons authorized to pick up your child other than parent

Person One: _____ Ph#: _____ Relation: _____

Person Two: _____ Ph#: _____ Relation: _____

Person Three: _____ Ph#: _____ Relation: _____

Person Four: _____ Ph#: _____ Relation: _____

Emergency Numbers other than parents (Must list at least two)

Contact One: _____ Phone #: _____

Contact Two: _____ Phone #: _____

Contact Three: _____ Phone #: _____

Contact Four: _____ Phone #: _____

My child will be attending: (Circle One) 5 Days or 3 Days or THURSDAYS ONLY

Which 3 Days: M. Tues. Wed. Thu. Fri.

Our Lady of Lourdes Aftercare/Pre-School Program
Medical Release Form

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Aftercare/Pre-School Program.

I hereby grant permission for the Director of person placed in charge by the Director to take whatever steps may be necessary to obtain emergency medical care.

The steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian, the child's physician, or the persons listed in the emergency contact list on the registration form.
2. If we cannot contact your or your child's physician, we will do one or both of the following: (a) call another physician or paramedics (b) have the child taken to an emergency hospital by ambulance in the company of a staff member. In no instance will the child be transported by a staff member's vehicle.
3. Any expenses incurred under 2, above, will be borne by the child's family.
4. The Program will not be responsible for anything that happens as a result of false information give at the time of the enrollment.
5. The Program will not assume responsibility for a child who has not been registered in the Aftercare/Pre-School Program or who has not reported to the staff that day.

Does your Child have any physical condition(s) or allergies of which we should be made aware?
Yes ___ No ___ If "Yes," please explain.

Child's Physician _____ Phone _____

Hospital _____ Phone _____

Signed (Mother) _____ Date _____

or

Signed (Father) _____ Date _____

**Our Lady of Lourdes
Preschool/Aftercare
510 Breckenridge lane- Louisville Ky. 40207**

Preschool Monthly Fees	\$503.00 / 5 day week	\$344.00 / 3 day week
Aftercare Monthly Fees	\$260.00 / 5 day week	\$191.00 / 3 day week

Thursday only payments will be \$76.00 per month. This payment will be Auto deducted same as other monthly payments.

There is a \$15.00 discount for each additional child with the exception of Thursdays only

Please choose by which method you will be paying your child/children's monthly fee for the 2017-2018 school year. You must choose one of the following three methods:

- Payment in full for the entire year, to be paid by August 31, 2017
- Two payments to be paid: ½ of total by August 31, 2017
with remaining ½ due on January 31, 2018
- Monthly payments done through automatic deduction, when choosing this option the form below must be completed.

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

Name (Please print) _____

I authorize that \$ _____ be deducted for payment of Preschool/Aftercare.
This deduction will occur monthly on the 15th of the month, Sept. through May.
August auto deduction will be done on August 31, 2017

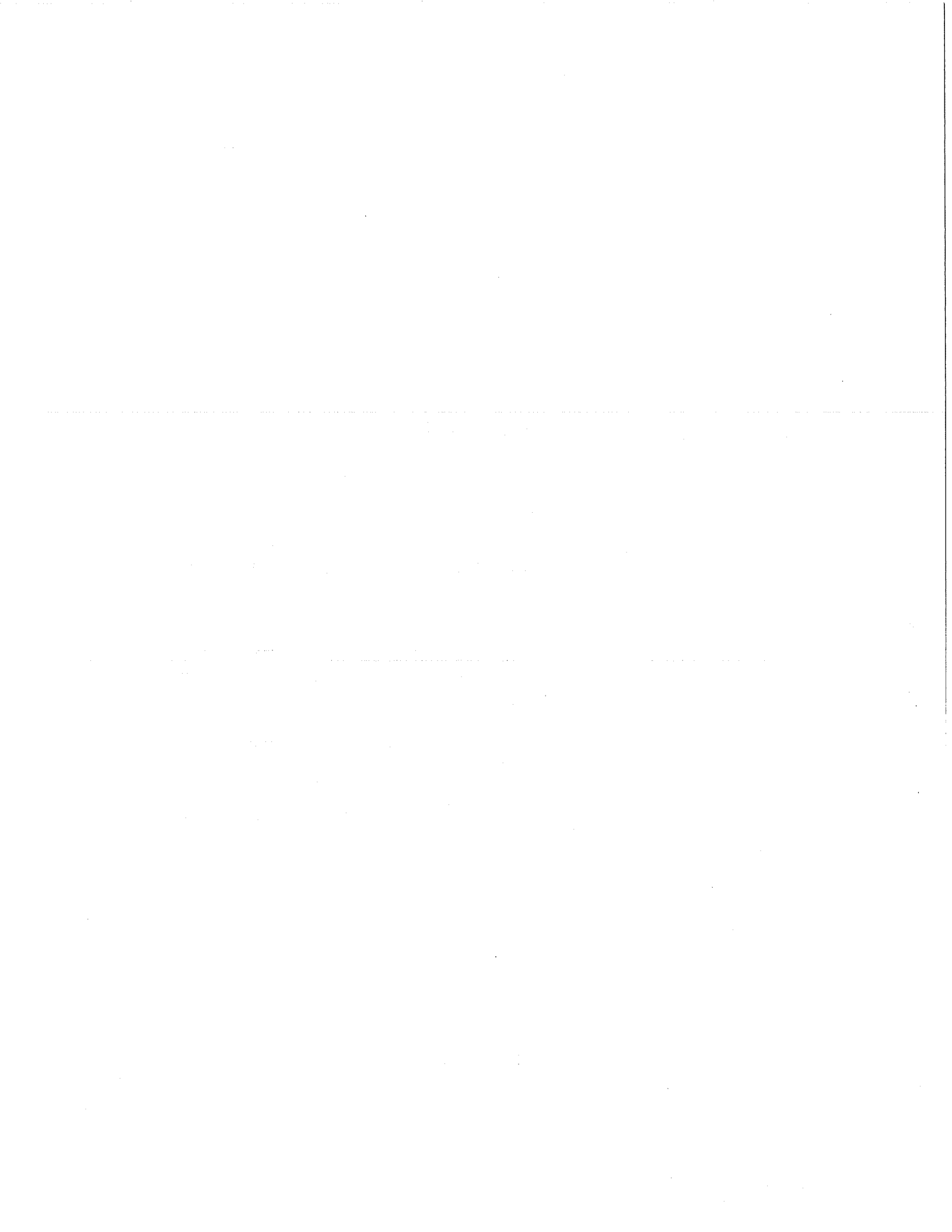
from my Checking Account Savings Account

This authority is to remain in full force and effect until Our Lady of Lourdes has received written notification from me (or either of us) of its termination in such time and manner as to afford Our Lady of Lourdes and the financial institution a reasonable opportunity to act on it.

Signature _____ Date _____

Signature _____ Date _____

ATTACH "VOIDED" CHECK HERE



AFTERSCHOOL CARE AND PRE-SCHOOL PROGRAM
FEES AND PAYMENT
SCHEDULE
2017/2018

Fees are based on enrollment, not attendance. Charges will be incurred according to the number of days you have committed your child to attend. No adjustments will be made due to illness or vacations.

There will be 10 equal payments with the first payment due by the 31st of August. **The remaining payments are due by the 15th of each Month, Sept. through May.** All payments will automatically get deducted from your account unless you are paying the whole amount or paying a ½ year.

MONTHLY FEE SCHEDULE

<u>Annual Registration Per Child -</u>	\$70.00
<u>Grades K - 8</u> 3:00 - 6:00	\$260.00 / 5 days a wk. \$191.00 / 3 days a wk.
AFTERCARE THURSDAYS ONLY	\$76.00 per month
<u>Preschool</u> - 7:15 a.m. - 6:00 p.m. Child must 4 yrs. of age by August 1st	\$503.00 / 5 days a wk. \$344.00 / 3 days a wk.

There is a \$15.00 discount for each additional child with the exceptions of Thursdays only.

****REFER TO YOUR HANDBOOK FOR THE FEES DUE TO INSUFFICIENT FUNDS OF PAYMENT OR LATE PICK UP OF YOUR CHILDREN FROM THE CENTER.**

Please address your questions to Ms. Maggie Hagan Director of Aftercare and Preschool. 893-5881