Our Lady of Hope Parish Before and After School Care 106 E. Wheaton Ave. Clare, MI 48617 989-386-9862

Before and After School Care Enrollment Form

Parent/Guardian Data

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Mother	Last		First			Cell Phone		Work Pho	ne	
Father	Last		First			Cell Phone		Work Pho	ne	
					rents' Marital Statu ircle any that apply					
Married	Single S	eparated	Divorced	Mother de	eceased F	ather deceased	Father re	married	Mother re	emarried
Family Stre	et & Mailing Address (Primary A	Address of the S	tudent)						Γ
									MI	
Street Address				P	O Box City	1	County	1	State	Zip
School District		Home	Telephone	Е	mail Address (where offic	ial communication can b	e sent)	Alternative Emai	il Address	
Student(s) Na	mes:									
	Last		First	MI	Date of Birth	Grade	Gender	Ethnicity* See below	Student's R See below	Residence**
					1 1		M/F			
					1 1		M/F			

M/F

Student Ethnicity: *American Indian/Native Alaskan, Native Hawaiian/Pacific Islander, Asian, White, Black, Hispanic, Multi-Racial

Student Residence: **Both Parents Mother Father Guardian

To complete registration, the following documents, including a non-refundable registration fee, must also be completed:

1.	Child Information Record	YES	NO
2.	Copy of Immunization Record	YES	NO
3.	Health Statement	YES	NO
4.	Paperwork Receipt Signature Page	YES	NO
5.	Attendance Schedule for Student	YES	NO

Days of the Week After School Care is requested: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Before school care: YES NO

Please return completed form with a \$25 per family registration fee. Checks must be made payable to "Our Lady of Hope" note that it is for Extended Care enrollment.

I understand that payment for extended care must be made ahead of time and that due to staff scheduling, refunds are not possible.

Printed Name of Parent/Guardian			
Signature of Parent/Guardian	Date		

Registration	\$25/Family
Tuition	\$12/day/child
Tuition for 1/2 day care	\$22/day/child