



# Our Lady of Mount Carmel School

1531 East Grandview Boulevard • Erie, Pennsylvania 16510 • 814/825-2822

## After School Care Program

Dear Parents:

Our Lady of Mount Carmel is able to provide an After Care Program for students in 4 year old Preschool through Eighth Grade. This After Care Program will provide your child with a snack, time devoted to homework, indoor playtime and outdoor playtime, weather permitting.

The After Care Program is available every day that school is in session until 5:30 p.m.

This includes most early dismissal days. Students may participate in the After Care Program on a full time or part time basis.

FEES ARE DUE ON A WEEKLY BASIS AT THE END OF EACH WEEK, unless other arrangements are made.

Payments may be made in cash or by check made out to OLMC AFTERCARE PROGRAM. LATE CHARGES

OF \$1.00 PER MINUTE WILL BECHARGED FOR EVERY MINUTE AFTER 5:30 P.M.

My staff and I look forward to working with you and your child (children) in the After Care Program.

Sincerely,

Mrs. Franz

### Program Costs

Number of Children	Full Time	Part Time
One Child	\$36.00 per week	\$8.00 per day
Two Children	\$51.00 per week	\$11.00 per day
Three or more Children	\$56.00 per week	\$12.00 per day

## Futures Begin Here at OLMC School



# Registration Form for After School Care Program

**LATE CHARGES OF \$1.00 PER MINUTE WILL BECHARGED FOR EVERY MINUTE AFTER 5:30 P.M.**

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information—Mother

Contact Information—Father

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Approximate pickup time \_\_\_\_\_

Password \_\_\_\_\_

Names of persons  
authorized to pick up  
your child \_\_\_\_\_

Name of Children

Allergies/Concerns

Birthday Age

Grade

	Name of Children	Allergies/Concerns	Birthday	Age	Grade
1					
2					
3					
4					

Status: Full-time \_\_\_\_\_

Part-time \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Please fill out the form and return it with the \$25.00 registration fee per family. Thank you!**

**Office Use Only**

Date Paid \_\_\_\_\_ Check No. \_\_\_\_\_ Cash \_\_\_\_\_