



Our Lady of Mount Carmel School

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

Before School Care Program

Dear Parents,

I am pleased to offer a Before Care School Program for the year of 2011-2012. It will begin promptly at 7:00 AM and end at 7:45 AM. You will be bringing your child to the upper doors (**those by the soccer field**) in the front of the school; they will not be opened until 7:00 AM. The Before Care School Program will be held in my classroom, room # 12 (**the second classroom door on your right**).

You **MUST** bring your child into the classroom and sign your child in on the Daily Sign-In Sheet. If your child has not had the opportunity to eat breakfast before coming to school, please feel free to bring his/her breakfast to school. Your child will be allowed to eat it when he/she arrives and gets unpacked. There will be games, social time and homework help made available for your child during the Before Care Program.

The prices for this program are very reasonable and are listed at the bottom. I will be using a pay-as-you-go-cash payment plan. At the end of each week, I will calculate the days that your child (ren) has been in the program (**based on the Daily Sign-In Sheets**) and I will send a notice home the following Monday or first day of the school week, with your child. Please pay this notice in a timely manner. Fill out the attached Registration Form and send it in an envelope with your registration fee to: Ms. Foltz. I look forward to starting the day with the "Early Birds" at Our Lady of Mount Carmel!

Sincerely,

Ms. Jennifer Foltz

Program Costs

Number of Children	Before 7:30am	After 7:30am
One Child	\$2.00/day	\$1.00/day
Two Children	\$3.50/day	\$2.00/day
Three or more Children	\$4.00/day	\$1.00/day/child

Futures Begin Here at OLMC School



Registration Form for Before School Care Program

Parent Name(s): _____

Address: _____

Contact Information—Mother

Contact Information—Father

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Name of Children

Allergies/Concerns

Birthday

Age

Grade

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

Status: Full-time (**Every day**) _____ Part-time (**Less than 4 times/week or when necessary**) _____

Additional Comments: _____

Parent Signature: _____

Please fill out the form and return it the \$5.00 registration fee to Ms. Foltz. Thank you!

Office Use Only

Date Paid _____ Check No. _____ Cash _____