

Our Lady of the Lake After School Program

Tuition Agreement 2022-2023

Family Registration Fee:

\$25.00 (Annual)

Student Fee:

\$4.00 per hour/per student

Tuition is due upon receipt of the weekly invoice. Invoices can be paid directly through the Digital Academy, or cash or check can be sent to the school office. A child that has an outstanding balance of more than \$100.00 will not be able to attend. Our Lady of the Lake School will not allow students to remain enrolled in the After School program whose tuition has not been paid.

I also understand that my child must be picked up no later than 6:00 pm daily and that there is a late charge of \$10.00 for every 15 minutes, or portion thereof, after 6:00 pm.

I would like to enroll my child(ren) _____

_____ in the After School program at Our Lady of the Lake School subject to the above tuition rate and agreement. I understand that I am obligated to pay for the hours my child attends the program. The After School program will only be open on school days.

Please indicate the days/hours that your child(ren) will be attending the program. This is for staffing purposes only.

<u>Days</u>	<u>Hours</u>
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____

Please sign below and return this form with the after school registration form.

Parent Signature: _____ Date: _____

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OUR LADY OF THE LAKE SCHOOL
AFTER SCHOOL CARE REGISTRATION FORM

Section 1: Student and Family Information (please print)

STUDENT'S NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE NUMBER: _____ GRADE: _____
PARENT/GUARDIAN NAME: _____ CELL NUMBER: _____
PARENT/GUARDIAN NAME: _____ CELL NUMBER: _____

Section II Authorization for Emergencies (other than the parents)

(MUST PRESENT VALID ID)

List 3 Emergency contacts authorized to pick up your child from the Aftercare Program

NAME: _____ CELL NUMBER: _____
NAME: _____ CELL NUMBER: _____
NAME: _____ CELL NUMBER: _____

Section III: Student's Health Information

Student's Medical/Health Needs: _____
Student's Allergies/Treatment _____
Student's Dietary Restrictions: _____

SECTION IV: Attendance

Please check the anticipated days needed for care and also indicate the approximate time for pick up of your student.

MONDAY: _____
TUESDAY: _____
WEDNESDAY: _____
THURSDAY: _____
FRIDAY: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____