

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

Mother	Last	First	Cell Phone	Work Phone
Father	Last	First	Cell Phone	Work Phone
Parents' Marital Status (Circle any that apply)				
Married Single Separated Divorced Mother deceased Father deceased Father remarried Mother remarried				

Family Street & Mailing Address (Primary Address of the Student)

				MI	
Street Address	PO Box	City	County	State	Zip
School District	Home Telephone	Email Address (where official communication can be sent)		Alternative Email Address	

Student(s) Names:

Last	First	MI	Date of Birth	Grade	Gender	Ethnicity* See below	Student's Residence** See below
			/ /		M / F		
			/ /		M / F		
			/ /		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 the completed form with a \$50 per child registration fee. Checks must be made payable to “Our Lady of Hope”, please 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	\$50/child
Tuition	\$15/day/child
Tuition for 1/2 day care	\$25/day/child