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 or Immunization Waiver	**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 ½ day care	**$25/day/child**