

*****PLEASE REMIT INITIAL REGISTRATION FORM WITH \$20 REQUIRED FEE. THANK YOU.**

**OUR LADY OF PEACE SCHOOL
AFTER CARE PROGRAM**

**WEEKLY REGISTRATION
FORM**

WEEK OF: _____

FAMILY NAME: _____

STUDENT(S) ATTENDING: _____ **HR:** _____

_____ **HR:** _____

_____ **HR:** _____

DAY: PICKUP TIME: AMOUNT DUE:

MONDAY _____ _____

TUESDAY _____ _____

WEDNESDAY _____ _____

THURSDAY _____ _____

FRIDAY _____ _____

TOTAL DUE: _____

I AGREE TO THE PAYMENT OUTLINED IN THE PROGRAM INFORMATION PROVIDED BY OUR LADY OF PEACE SCHOOL. PAYMENT IS DUE WITH THIS WEEKLY REGISTRATION.

SIGNATURE OF PARENT/GUARDIAN

DATE