



Our Lady of Mt. Carmel
Cedar Avenue
Berlin, NJ 08009

AFTER SCHOOL PROGRAM WEEKLY REGISTRATION

My child/children will attend the After School Program next week _____(date) on the following days @ the rate of \$15/day 1st child, \$3 each additional child after regular school day(2:15pm-6pm) and \$21/day 1st child, \$6 each additional child during early dismissal days (12:15pm-6pm). Monthly rate available, please contact the school. **A \$5.00/per student late registration fee will be assessed if not registered in advance. For late daily registration, please call the school by 10am.**

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

Child: _____ Grade: _____

Child: _____ Grade: _____

Child: _____ Grade: _____

TOTAL AMOUNT ENCLOSED: _____ check # _____

Parent's signature _____

Kindly complete to help us with staffing.

My child/children will attend the program:

Full time: _____

Part time: _____

Occasionally: _____

My child/children will be picked up at approximately @ _____ o'clock when attending.

Please return this form with payment on the Tuesday before the week or child/children will not be permitted to attend the After School Program that week.