



OMS AFTER CARE PROGRAM 2024-2025

2:20 pm – 4:20 pm

Fee-Based Program Registration

Note: Please 1st confirm with Ms. Koepke if there is availability. Once confirmed, submit the completed registration form and payment BEFORE your child starts our program. Thank you in advance!

Name _____ Birthdate _____ Grade _____

Parent/Guardian 1 _____

Address _____ Home Phone _____

Business _____ Work Phone _____

Email _____ Cell Phone _____

Parent/Guardian 2 _____

Address _____ Home Phone _____

Business _____ Work Phone _____

Email _____ Cell Phone _____

Child lives with: Both parents/guardians _____ Parent/Guardian 1 _____ Parent/Guardian 2 _____

Person(s) other than parents/guardians who may pick up your child from our program:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

*Person(s) who **MAY NOT** pick up your child from our program: _____

Allergies or other information I should know about your child:

How often will your child attend our program? _____

I give my child, _____, permission to participate fully in the OMS After Care Program. I am aware of the rules of the program. I understand that the weekly tuition is due the week of participation.

The weekly fee for the program will be \$25 for the first child; each additional child will be \$12.

Parent/Guardian Signature _____ Date _____

My child has permission to watch G/PG/PG-13 movies during the OMS After Care Program. _____

Parent/Guardian Initials _____