



**OMS AFTER CARE PROGRAM 2020-2021**

2:20 pm – 4:20 pm

**Fee-Based Program Registration**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Mother \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Business \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Business \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Child lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

\*Person who MAY NOT pick up your child from our program: \_\_\_\_\_

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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 \$15 for the first child; each additional child will be \$7.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

*Parent Initials*