



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

After-School Program

AFTER SCHOOL PROGRAM FIRST WEEK FORM 2017

My child/children will attend the after school program on the following days the first week of school (September 6,5,6,7) at the rate of \$16.00/day 1st child, \$4/day for each additional child for the first three days.

Wednesday _____
Thursday _____
Friday _____

_____ My child/children will not attend the after school program the first three day.

My child/children will attend the program the week of September 10, 2018 @ the rate of \$16/day 1st child, \$4/day for each additional child on the following days:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

Child: _____ Grade _____
_____ Grade _____
_____ Grade _____

Total amount enclosed: _____ check # _____

Please complete to following to help us with planning proper staffing.

My child/children will attend the program:

_____ Full time _____ Part time _____ Occasionally

****My child will be picked up at approximately _____ o'clock when attending.**