Before and After School Application

Kindergarten – 8th Grade students

Cost:

Hours of Operation:

School Year _____

_	Available from 7:00am - 8:05am Mon-Fri on Available from 3:15pm - 6:00pm Mon-Fri		\$6.00 (includes snack) *Drop in rate \$7 \$8.00 (includes snack) * Drop in rate \$10 (Rates subject to change)	
Annual Enrollment Fee: (June-May) \$75.00 per child or \$150.00 per family max (The Summer Day Camp Registration Fee is applied to the academic year Extended Care enrollment fee, if enrolled during the 2021-2022 school year).				
program. Fill out the needing care. You The application and mail. You must sign charged for the ses	rmation: ergarten through 8th grade who e enrollment information below r enrollment fee should be atta d deposit may be dropped off your child up for the days and sions you sign up for. Advance dy Carroll, Early Childhood Dire	v (one form per famil ached or it may be bi at the school office, sessions that you pla d billing will be done	ly) and return it as s illed in your TADS ac in the Extended Co in to have your chil- e in your TADS acco	oon as possible, prior to ccount if you choose. are room or returned by d attend. You will be unt.
	1st Child's Name/Grade	2 nd Child's Name	≥/Grade 3 rd	¹ Child's Name/Grade
<u>Monday</u>	Morning session Afternoon session	Morning sessi Afternoon se		_ Morning session _ Afternoon session
<u>Tuesday</u>	Morning session Afternoon session	Morning sessi Afternoon se		_ Morning session _ Afternoon session
<u>Wednesday</u>	Morning session Afternoon session	Morning sessi Afternoon se		_ Morning session _ Afternoon session
<u>Thursday</u>	<pre> Morning session Afternoon session</pre>	Morning sessi Afternoon se		_ Morning session _ Afternoon session
<u>Friday</u>	Morning session Afternoon session	Morning sessi Afternoon se		_ Morning session _ Afternoon session
☐ I understand that I will be pre-billed for the days that I have signed up for. There will be no refunds for absences for any reason due to the fixed cost of running the program. A two-week written notice is required for a permanent change in your child's schedule.				
☐ I have read the information in the Extended Care Handbook (available on the website www.oursaviorlansing.org) and agree to support the information and policies. I understand that my failure to do so may result in the exclusion of my child from Extended Care. I understand payments that are 2 weeks behind will result in exclusion of my child from Extended Care.				
□ I understand that the OSL Extended Care Program maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans and that it is available to parents for review during regular business hours. Reports from at least the last two years are also available at www.michigan.gov/michildcare.				

(For office use) Date ______Amount _____Ck# ____

Parent's names & Daytime Phone numbers:

Parent's signature _______Date _____