



After School Registration

NEA
S&C
Accredited by the
NEAS&C

920 Trapelo Road, Waltham, MA 02452

Tel: 781-899-0353 Fax: 781-891-8734 www.ourladyacademy.org

Student's Name 1 _____ Grade _____ Gender _____

Student's Name 2 _____ Grade _____ Gender _____

Student's Name 3 _____ Grade _____ Gender _____

Student's Name 4 _____ Grade _____ Gender _____

Address _____ Phone # _____
#Street City State Zip Code

Please check off how many days per week your child(ren) will attend and circle the days you are committing to. Change of schedule can be done with the After School Director. For more information, see the After School Policy.

____ 1 day/week M T W Th F ____ 4 days/week M T W Th F

____ 2 days/week M T W Th F ____ 5 days/week

____ 3 days/week M T W Th F

____ My child(ren) will only attend the After School program occasionally

First Wednesday

____ My child(ren) **will also** attend the After School program the first Wednesday of the month

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Please check off your pick-up time for the first Wednesday of the month

____ 2:30 pick-up ____ 4:30 pick-up ____ 6:00 pick-up

Parent/Guardian Signature

Date

Print Name

This form must be signed and accompanied by a \$20.00 non-refundable, non-applicable registration fee payable to Our Lady's Academy. Each registration form is for immediate family members only. You may not register for friends or relatives on the same registration form. Please fill out a separate Health History for each child of your immediate family.

