



ACADEMY

Little Saints After School Registration



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 _____

Preferred Email: _____

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.

Regular (full day): Pick up time is either at 4:30pm or 6pm

- ___ 1 day/week M T W Th F Pick-up time _____
- ___ 2 days/week M T W Th F Pick-up time _____
- ___ 3 days/week M T W Th F Pick-up time _____
- ___ 4 days/week M T W Th F Pick-up time _____
- ___ 5 days/week M T W Th F Pick-up time _____

Half-Days are the First Wednesday of the month (11:30 am dismissal)

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

Please check off your pick-up time for the first Wednesday of the month (half-day)

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

Other Authorized individuals (other than parent) for pick up (Photo ID required)

Name _____ Phone Number _____

Name _____ Phone Number _____

Parent/Guardian Signature _____

Date _____

Print Name _____

This form must be signed and accompanied by a \$25.00 non-refundable, non-applicable registration fee payable to Our Lady's Academy. Each registration form is for Our Lady's Academy students only. Please fill out a separate Health History for each child you wish to enroll.

