



Our Lady of Mount Carmel School

205 Oak Street, Boonton, New Jersey 07005

Phone: (973)334-2777 Email: school@olmcboonton.org

AFTER SCHOOL PROGRAM CONTRACT / 2022-2023

AFTER SCHOOL PROGRAM – HOURS AND FEES

OLMC's After School Program operates from the close of the school day until 6:00 pm. The After School Program operates only on those days when the school is in session for full days. The After School Program is not available on half-day schedules. Fees are based on the entire school year with monthly or single payment options available.

ENROLLED STUDENTS

Name of Student(s)	Grade(s)

TUITION and FEES

Frequency:

4-5 days per week = \$375 per month

3 days per week = \$270 per month

2 days per week = \$190 per month

1 day per week = \$110 per month

Drop-in rate \$30 (*per occurrence/ rate starts at 3:00pm*)

Multiple child discount is available for children from the same family

LATE PICK UP CHARGE

For every 15 minutes after 6:00 p.m., each child will be assessed a \$15 fee.

PAYMENT

All payments will be processed, monthly, through FACTS.

SNACK

Provide a snack and beverage each day.

I agree to the terms and conditions of this After School Program contract as described above.

Date: _____ Parent or Guardian: _____

Date: _____ Parent or Guardian: _____

EMERGENCY INFORMATION
After School Program 2022-23

Student Name(s): _____ Grade(s): _____

Home Address: _____ Home Phone: _____

Preferred e-mail Address: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

In the event that a parent cannot be contacted, please list the persons who can be notified in case of an emergency:

Name: _____ Relationship to Child: _____

Phone #: _____ Cell #: _____

Name: _____ Relationship to Child: _____

Phone #: _____ Cell #: _____

Please list all persons other than parents authorized to pick up student(s):

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Other special instructions (include allergy information):

Parent Signature: _____ Date: _____