Our Lady of Hope Catholic School
46633 Algonkian Parkway, Potomac Falls, VA 20165
2023-2024 School Year

EXTENDED DAY PROGRAM USE FORM

Family Name: _____   Mother's Work # _____   (cell)_____

Father's Work #_____   (cell)_____

Primary Email Address: _____

1. Child's Name: _____   Grade: _____
2. Child's Name: _____   Grade: _____
3. Child's Name: _____   Grade: _____
4. Child's Name: _____   Grade: _____

Please indicate the days and times your child(ren) will be attending the Extended Day Program. The School Office will determine the monthly payment due. A copy of this contract will be returned to you for your records.

	Before School		After School	
Hours:	From:	To:	From:	To:
Monday:	_____	_____	_____	_____
Tuesday:	_____	_____	_____	_____
Wednesday:	_____	_____	_____	_____
Thursday:	_____	_____	_____	_____
Friday:	_____	_____	_____	_____

Signature: _____   Date: _____

Office Use Only:	
TOTAL NUMBER OF DAYS PER WEEK (BEFORE CARE)	_____
TOTAL NUMBER OF DAYS PER WEEK (AFTER CARE)	_____
NUMBER OF CHILDREN ENROLLED	_____
MONTHLY PAYMENT DUE	

Our Lady of Hope Catholic School
Extended Day Program 2023-2024

CHILD REGISTRATION FORM

To enroll your child in the Extended Day Program, please complete this form return to the School Office in an envelope addressed "Extended Day Program"*.*

**ALL INFORMATION MUST BE COMPLETED IN FULL
IN ORDER FOR YOUR CHILD TO BE REGISTERED.**

Child	Nickname	Date of Birth	Gender
Address City State Zip code		Home Phone	
This child will attend Extended Day Program: _____ Mornings _____Afternoons _____ Both		Grade in the 2023-2024 School Year	
Previous Child Day Care Programs and Schools Attended			
Physical problems/ Pertinent Developmental Information/Special Accommodations Needed			

Parent(s)/Guardian(s)

Father's Name	Place of Employment	Business Phone
Home Address City State Zip Code		Home Phone
Mother's Name	Place of Employment	Business Phone
Home Address City State Zip Code		Home Phone
Person(s) or Agency having Legal Custody of Child		Cell Phone
Home Address City State Zip Code		Home Phone
Business Address		Business Phone

Our Lady of Hope Catholic School Emergency Care Form

Allergies or Intolerances to Food, Medication, etc., and Action to be taken in an Emergency:

Child(ren)s Physician:	Phone:

Emergency Contact (if parents or guardian are not available)

    Name: Address   Phone:

1) _____

2) _____

AUTHORIZATIONS

Persons authorized to sign child out from Extended Day Program: (Identification required)

1.

2.

Persons NOT authorized to pick up child. (Appropriate paperwork such as Custody Papers shall be attached if parent is not allowed to pick up the child. Please include a photograph if available.)

1.

2.

PARENT OR GUARDIAN AGREEMENTS:

1.   Our Lay of Hope Extended Day Program agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.

2. The parent(s)/guardian authorize Our Lady of Hope Extended Day Program to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.

Signatures

_____   _____

Parent/Guardian   *Date*

_____   _____

Director of Extended Day Program   *Date*

3) The parent(s)/guardian will inform the Extended Day staff within 24 hours or the next business day after his/her child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health. Life threatening diseases must be reported immediately.

Signatures

_____   _____
                      Parent / Guardian   Date

_____   _____
             Director of the Extended Day Program   Date

(All information requested is required by the Department of Social Services under code 22VAC15-30-110)

OFFICE USE ONLY	Date child entered Extended Day Program:	Date child left Extended Day Program:

Our Lady of Hope Catholic School
Extended Day Program Information Sheet
Parent Acknowledgement Form
2023-2024

Please complete, sign, and return the following form prior to your child(ren) attending the Extended Day Program.

I have read, understand, and agree to follow the Extended Day Program policies and procedures as stated in the Extended Day Program Information Packet.

Student names(s)   Grade

_____   _____

_____   _____

_____   _____

_____   _____

Parent's Name (Printed)

_____

Parent's Signature   Date

_____