

**Our Lady of Hope Catholic School**  
**46633 Algonkian Parkway, Potomac Falls, VA 20165**  
**2025-2026 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 2025-2026

# 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 2025-2026 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*

PARENT OR GUARDIAN AGREEMENTS (CON'T)

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

**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  
2025-2026**

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

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Parent's Name (Printed)

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Parent's Signature

Date

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