



Our Lady of Lourdes Catholic School Early Childhood Development Center

120 Westchester Place, Slidell, LA 70458

985.649.4420

Welcome to Our Lady of Lourdes Early Childhood Development Center's Before and After School Care Program. Our program is designed to provide a safe environment for all OLL Early Childhood Development students who need before and after school care at a reasonable cost.

Eligibility

Students must be enrolled at Our Lady of Lourdes School Early Childhood Development Center to participate in the before/after school care program.

Before care 6:00 a.m. – 7:45 a.m.

After care 3:35 p.m. – 6:00 p.m.

Children must be picked up by 6:00 p.m. If a child is left later than 6:00 p.m., emergency contacts will be called to pick up your child and the late pick up fee will be charged. This fee is \$5.00 per child for every 10 minutes you are late. If this becomes chronic, you will be asked to make other after care arrangements.

Check out Procedures

Only individuals on record as having authorization to pick up will be allowed to do so. A photo ID will be required for any person we do not know or recognize. Parents are responsible for keeping the authorization list current at all times. Students **MUST** be signed out when picked up in the afternoon.

Before and After School Care Rates & Registration

Students must be registered for the program prior to attending.

Fee	\$30.00 per family
Before care	\$5.00 per student/per day
After care	\$8.00 per student/per day
Late Fee (charged after 6:00 p.m.)	\$5.00 minimum per 10 minute increments

Payments must be made weekly. All account balances are due in full at the end of each quarter. Failure to pay in full will result in your family not being allowed to use the before and after care program until balances are paid.

Last Name

Before and after care can be reached at 985-649-4420

Before and After School Care Registration

\$30 non-refundable registration fee per family

List names of all children

Grade/ Homeroom Teacher

Mother's Name

Father's Name

Cell phone# _____

Cell phone# _____

Work phone _____

Work phone _____

List Names and Phone #'s of all individuals authorized to pick up children

Medical conditions/allergies (Please list the child's name, condition, allergy or concern)
