



# OUR LADY OF PEACE SCHOOL

*Guiding our children toward faith, knowledge and service.*

## Morning Care Family Agreement

**6:45-7:30AM**

Family Name \_\_\_\_\_

Name of Eldest Child at OLP \_\_\_\_\_ Grade \_\_\_\_\_

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

Name of Child \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

Parent/Guardian Full Name \_\_\_\_\_

- We understand that we are entering into a contract with Our Lady Of Peace School to provide AM Care services for a fee for our child(ren).
- We agree to pay \$60/one child or \$100/family per month. Drop-in rate is \$10 per day.
- We agree to pay \$25 as a once per year fee per child, which is due with this registration (this applies to those who are not registered on a monthly basis as well).
- We understand that there will be a \$20 late fee for payments made after the **1<sup>st</sup> of the month, due with payment.**
- **We understand that students must be signed in each morning from the AM Care Program and may not be dropped off any earlier than 6:45 am.**
- We understand that the Principal may permanently terminate a family's participation in the AM Care Program if payments are in arrears, and if student conduct warrants this decision.
- We understand that we must complete and **update as needed all information** and forms deemed necessary by the AM Care Program for the safety and well being of the children.
- We understand that the AM Care Program is an extension of the school day and have directed our child(ren) to adhere to all school policies and regulations. We further understand that breaches of these rules will be cause for disciplinary action, whose implementation we will support.
- We understand that our child(ren) will only be released to persons we have identified as "persons who may pick-up our child(ren).

We agree to the above stated policies and procedures, We have discussed the above information with our child(ren) and will cooperate with and support the implementation of the AM Care Program as described.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_