



No School Days/Early Dismissal Days Contract for 2021-2022

Deadline: October 1st

Family: _____ School: _____

Names of children: _____

Bishop O'Gorman Catholic Schools After School Program will provide childcare on no school days from 7:00am until 6:00pm for: **(Check those for which you are registering)**

___ Wednesday, October 20 @ Holy Spirit site

___ Thursday, October 21 @ Holy Spirit site

___ Friday, October 22 @ Holy Spirit site

Total number of children _____ X Total number of days needed _____ X \$25.00 per no school day fee = **TOTAL \$** _____

Make checks **payable to Bishop O'Gorman Catholic Schools** for the total amount. Sign and Date the form. Return fee and form to your After School Coordinator by **October 1st**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

*I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. **If you have questions, please call the Business Office at 575-3367.***

Parent Signature

Date

Refunds available only if notification is made in writing to the After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2021-2022

Deadline: November 11th

Family: _____ School: _____
Names of children: _____

Bishop O[†]Gorman Catholic Schools After School Program will provide childcare on early dismissal days from time of dismissal until 6pm at your after school site: **(Check those for which you are registering)**

___ Wednesday, November 24

Total number of children ___ X Total number of days needed ___ X \$15.00 per early dismissal day fee = **TOTAL \$** _____

Make checks **payable to Bishop O[†]Gorman Catholic Schools** for this amount. Return fee and form to your After School Coordinator by **November 11th**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

*I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. **If you have questions, please call the Business Office at 575-3367.***

Parent Signature

Date

Refunds available only if notification is made in writing to the After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2021-2022
Deadline: November 30th

Family: _____ School: _____

Names of children: _____

- 1.) Bishop O'Gorman Catholic Schools After School Program will provide childcare on early dismissal days from time of dismissal until 6pm at your after school site: **(Check those for which you are registering)**

___ Wednesday, December 22

Total number of children _____ X Total number of days needed _____ X \$15.00 per early dismissal day fee = **TOTAL \$** _____

- 2.) Bishop O'Gorman Catholic Schools After School Program will provide childcare on no school days from 7:00am until 6:00pm for: **(Check those for which you are registering)**

- ___ Thursday, December 23 @ Holy Spirit site
- ___ Monday, December 27 @ Holy Spirit site
- ___ Tuesday, December 28 @ Holy Spirit site
- ___ Wednesday, December 29 @ Holy Spirit site
- ___ Thursday, December 30 @ Holy Spirit site
- ___ Friday, December 31 @ Holy Spirit site
- ___ Monday, January 3 @ Holy Spirit site
- ___ Tuesday, January 4 @ Holy Spirit site

Total number of children _____ X Total number of days needed _____ X \$25.00 per no school day fee = **TOTAL \$** _____

Make checks **payable to Bishop O'Gorman Catholic Schools** for this amount. Return fee and form to your After School Coordinator by **November 30th**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

*I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. **If you have questions, please call the Business Office at 575-3367.***

Parent Signature

Date

Refunds available only if notification is made in writing to the After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2021-2022

Deadline: January 5th

Family: _____ School: _____
Names of children: _____

Bishop O'Gorman Catholic Schools After School Program will provide childcare on no school days from 7:00am until 6:00pm for: **(Check those for which you are registering)**

___ Monday, January 17 @ Holy Spirit Site

Total number of children ___ X Total number of days needed ___ X \$25.00 per no school day fee = **TOTAL \$** _____

Make checks **payable to Bishop O'Gorman Catholic Schools** for this amount. Return fee and form to your After School Coordinator by **January 5th**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

*I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. **If you have questions, please call the Business Office at 575-3367.***

Parent Signature

Date

Refunds available only if notification is made in writing to the After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2021-2022

Deadline: January 19th

Family: _____ School: _____

Names of children: _____

- 1.) Bishop O'Gorman Catholic Schools After School Program will provide childcare on early dismissal days from time of dismissal until 6pm at your after school site: **(Check those for which you are registering) No school or early dismissal for PRESCHOOL children**

___ Friday, February 4

Total number of children _____ X Total number of days needed _____ X \$15.00 per early dismissal day fee = **TOTAL \$** _____

- 3.) Bishop O'Gorman Catholic Schools After School Program will provide childcare on no school days from 7:00am until 6:00pm for: **(Check those for which you are registering)**

___ Wednesday, February 16 @ Holy Spirit site

___ Thursday, February 17 @ Holy Spirit site

___ Friday, February 18 @ Holy Spirit site

___ Monday, February 21 @ Holy Spirit site

Total number of children _____ X Total number of days needed _____ X \$25.00 per no school day fee = **TOTAL \$** _____

Make checks **payable to Bishop O'Gorman Catholic Schools** for this amount. Return fee and form to your After School Coordinator by **January 19th**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

*I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. **If you have questions, please call the Business Office at 575-3367.***

Parent Signature

Date

Refunds available only if notification is made in writing to the After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2021-2022

Deadline: February 22nd

Family: _____ School: _____
Names of children: _____

Bishop O'Gorman Catholic Schools After School Program will provide childcare on no school days from 7:00a.m. until 6:00pm for: **(Check those for which you are registering)**

- ___ Friday, March 11 @ Holy Spirit site
- ___ Friday, March 18 @ Holy Spirit site

Total number of children _____ X Total number of days needed _____ X \$25.00 per no school day fee = **TOTAL \$** _____

Make checks **payable to Bishop O'Gorman Catholic Schools** for this amount. Return fee and form to your After School Coordinator by **February 22nd**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

*I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. **If you have questions, please call the Business Office at 575-3367.***

Parent Signature

Date

Refunds available only if notification is made in writing to the After School Coordinator prior to the deadline date.



No School Days/Early Dismissal Days Contract for 2021-2022

Deadline: March 17th

Family: _____ School: _____

Names of children: _____

1.) Bishop O'Gorman Catholic Schools After School Program will provide childcare on early dismissal days from time of dismissal until 6pm at your after school site: **(Check those for which you are registering)**

___ Thursday, April 14

Total number of children _____ X Total number of days needed _____ X \$15.00 per early dismissal day fee = **TOTAL \$** _____

2.) Bishop O'Gorman Catholic Schools After School Program will provide childcare on no school days from 7:00am until 6:00pm for: **(Check those for which you are registering)**

___ Friday, April 15 @ Holy Spirit site

___ Monday, April 18 @ Holy Spirit site

Total number of children _____ X Total number of days needed _____ X \$25.00 per no school day fee = **TOTAL \$** _____

Make checks **payable to Bishop O'Gorman Catholic Schools** for this amount. Return fee and form to your After School Coordinator by **March 17th**.

OR

Check the box below, sign and date if you want the total amount billed on your billing statement.

*I authorize the inclusion of these charges/credits on my billing statement and understand that automatic payments (ACH) and credit card charges may increase or decrease without further notification. I understand that the amounts authorized on this contract will be billed in addition to the amounts owed on my original Tuition Agreement. **If you have questions, please call the Business Office at 575-3367.***

Parent Signature

Date

Refunds available only if notification is made in writing to the After School Coordinator prior to the deadline date.