



No School Days/Early Dismissal Days Contract for 2022-2023

Deadline: September 30th

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 19 @ Holy Spirit site

___ Thursday, October 20 @ Holy Spirit site

___ Friday, October 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 the total amount. Sign and Date the form. Return fee and form to your After School Coordinator by **September 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 2022-2023

Deadline: November 10th

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 23

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 10th**.

OR

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

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Parent Signature

Date

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No School Days/Early Dismissal Days Contract for 2022-2023

Deadline: November 30th

Family: _____ School: _____
 Names of children: _____

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

___ Wednesday, December 21

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 22 @ Holy Spirit site
- ___ Friday, December 23 @ Holy Spirit site
- ___ Tuesday, December 27 @ Holy Spirit site
- ___ Wednesday, December 28 @ Holy Spirit site
- ___ Thursday, December 29 @ Holy Spirit site
- ___ Friday, December 30 @ Holy Spirit site
- ___ Tuesday, January 3 @ 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.

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 Parent Signature Date

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



BISHOP
O'GORMAN
CATHOLIC SCHOOLS

No School Days/Early Dismissal Days Contract for 2022-2023

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 16 @ 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 4th**.

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.



Deadline: January 18th

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 3

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)**

___ Wednesday, February 15 @ **St. Lambert, Enter on the east side of the building through the South-facing gym door.**

___ Thursday, February 16 @ Holy Spirit site

___ Friday, February 17 @ Holy Spirit site

___ Monday, February 20 @ 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 18th**.

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 2022-2023

Deadline: February 21st

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)**

___ Thursday, March 9 @ Holy Spirit site

___ Friday, March 10 @ 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 21st**.

OR

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

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Parent Signature

Date

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BISHOP
O'GORMAN
CATHOLIC SCHOOLS

No School Days/Early Dismissal Days Contract for 2022-2023

Deadline: March 13th

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 6

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 7 @ Holy Spirit site

___ Monday, April 10 @ 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 13th**.

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.