



## Our Lady of Mercy After Care Program 2022-2023

Please return this form with your **\$30.00 registration fee** to the school office. Checks should be made out to OLOM.

### **Child's name**

_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

### **Days planning to attend (circle):**      **M      T      W      TH      F      Drop-in**

Mother's name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Father's name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Questions? Contact Christine Castro  
Email : [ccastro@olom.org](mailto:ccastro@olom.org)