

Rev. Ronald W. Stelzer
Headmaster

Mrs. Dolores Reade
Principal



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After Care Registration / Commitment Form *Christ-Centered, Affordable, and Caring*

Our Savior New American School is committed to serving the families/children that God has placed in our care. In an effort to help you accommodate your busy schedule, an After Care program is available for children attending our school at the cost of \$10.00 per day from 3:00 to 5:00 PM. Time after 5:00 PM will be billed at \$5.00 per half hour.

Child Care Schedule

After-Care needed: Mon Tues Wed Thurs Fri (Circle all that apply)

Time: _____

Student's Name: _____ Sex: _____

Parents' Names: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Numbers: _____

Work Numbers: (Father): _____ (Mother): _____

Father's Occupation: _____ Mother's Occupation: _____

Individual to Contact in Case of Emergency: (other than parent)

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____



"Heart", "Mind", "Body", and "Spirit", "All to the Glory of God"



Medical Requirements

Please list below all information the school requires with respect to any special medical needs your child may have (i.e., allergies, medications, etc.).

Names of people allowed to pick up in case parent is not available:

<hr/>	Phone: <hr/>
<hr/>	Phone: <hr/>
<hr/>	Phone: <hr/>

Signature of Parent

