

**Academy of Our Lady  
TLC Program  
510 Grand Avenue  
Waukegan, IL 60085  
847.623.4110**

The Academy of Our Lady TLC program is before and after school care for children enrolled in Pre-K through 8th grade. The program provides individual attention, security and organized activities for TLC participants. A homework period and tutoring services are also provided.

Parents will complete an emergency contact form (Below)

Parents/Guardians must bring their child inside the school building to sign them in. They will sign their child out of TLC when they are picked up. Children will only be released to persons whose signatures are on the emergency form, unless a note, signed by the Parent/Guardian is provided.

**HOURS- Regular school days**

\*6:30 AM until 7:15 AM

2:00 PM until 6:00 PM

\*Unfortunately, we do not have the resources available to supervise students before 6:30 AM, or after 6PM.

**FEES**

\$25.00 One time registration fee per family

\$ 3.50 per hour for 1 child

\$ 5.00 per hour for 2 or more children

An additional fee of \$1.00 per minute will be assessed for children who are picked up after 6:00 P.M.

Payment slips for TLC services will be distributed on Mondays. Payment is due the following Monday. If payment is two weeks late, your child/ren will not be able to participate in TLC until the outstanding bill is paid. We appreciate your cooperation.

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**TLC Emergency Form**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Please list two people who have permission to pick up your child**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ (C) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ (C) \_\_\_\_\_

**Please list two people as an emergency contact in case you cannot be reached**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ (C) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ (C) \_\_\_\_\_

Allergies or Health Problems \_\_\_\_\_

Other information that would be helpful to us \_\_\_\_\_

Days and times your child may be using TLC \_\_\_\_\_

\$25.00 Registration Fee \_\_\_\_\_