



**ST. ANNA CATHOLIC SCHOOL
EXTENDED DAY PROGRAM
REGISTRATION 2015-2016**

Please list the names of all children who will attend the Extended Day Care Program

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Mother's Name _____

Home Phone# _____ Cell# _____ Work# _____

Father's Name _____

Home Phone# _____ Cell# _____ Work# _____

I need Before School Care

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

I need After School Care

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Until _____ PM

LATE CHARGES

We have implemented a policy regarding late pick-ups. You will be charged \$5.00 for every five minutes that you are late picking up your child/children after 5:30 p.m. This is in addition to the regular fees/tuition paid for your child/children to attend the program.

I understand that I will be billed monthly and that if my account becomes 30 days overdue my child(ren) will no longer be able to attend Extended Care until my account is in good standing.

You can also add extended care bills to your FACTS account.

Parent/Guardian Signature _____ Date _____



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EMERGENCY INFORMATION FORM

In the event that your child may become ill and we cannot reach you, please provide the name of a relative, neighbor or a friend to whom we may release your child.

1. Contact's Name _____

Relationship _____

Home Phone# _____ Cell Phone# _____

2. Contact's Name _____

Relationship _____

Home Phone# _____ Cell Phone# _____

3. Contact Name _____

Relationship _____

Home Phone# _____ Cell Phone# _____

Are there any allergies and/or special considerations that we need to be made aware of?
Please specify:
