

St. Anne School Extended Care Program

Registration Form

CHECK ONE OPTION

_____ Morning only _____ After school only _____ Morning & after school

CHECK ALL DAYS THAT APPLY

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Family name _____

Address _____

Phone (Home) _____ Cell _____

Emergency Contact Person _____

Relation _____ Phone _____ Cell _____

Name of Student	Age	Grade

Anticipated pick up time _____

\$50 REGISTRATION FEE REQUIRED PER FAMILY

Emergency Program Card

Child's name _____ Birth date _____

Address _____ Phone _____

ILLNESS OR LEAVING THE CENTER: IN THE EVENT OF APPARENT SERIOUS ILLNESS OR ACCIDENT WHEN I CANNOT BE REACHED, I WISH ONE OF THE FOLLOWING PERSONS TO BE NOTIFIED BY TELEPHONE. THEY ARE AUTHORIZED TO ACT IN MY ABSENCE. THEY MAY ALSO RELEASE MY CHILD FROM THE CENTER.

NAME ADDRESS TELEPHONE CELL

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THE FOLLOWING PERSONS MAY NOT CALL FOR MY CHILD:

DOCTOR'S NAME PHONE

DOCTOR'S NAME PHONE

SPECIAL INSTRUCTIONS

MOTHER'S NAME BUSINESS ADDRESS PHONE CELL

FATHER'S NAME BUSINESS ADDRESS PHONE CELL

I HEREBY GIVE PERMISSION FOR MY CHILD TO GO HOME BY HIMSELF AND ASSUME ALL RESPONSIBILITY FOR HIM AFTER HE LEAVES THE CENTER. YES NO DEPARTURE TIME

PARENT'S SIGNATURE

DATE