St. Anne School Extended Care Program Registration Form

CHECK ONE OPTIO	DN ng only After sch	ool only _	Mor	rning & after school	
CHECK ALL DAYS	THAT APPLY				
Monday	TuesdayWed	nesday7	Γhursday	Friday	
Family name					
Address					
	Cell				
Emergency Contact Pe	rson				
Relation	Phone	PhoneCell			
	Age				
Anticipated pick up t	ime				
Emergency Program Child's name	ION FEE REQUIRED n Card	Birth o			
Address		Phone			
ACCIDENT WHEN I CA	NG THE CENTER: IN THE E ANNOT BE REACHED, I WISI ONE. THEY ARE AUTHORIZ FROM THE CENTER.	H ONE OF THE FO	LLOWING PE	ERSONS TO BE	
NAME	ADDRESS	TELEP	PHONE	CELL	
NAME	ADDRESS	TELEP	PHONE	CELL	
THE FOLLOWING PER	SONS MAY NOT CALL FOR	MY CHILD:			
DOCTOR'S NAME	PHONE				
DOCTOR'S NAME	PHONE				
SPECIAL INSTRUCTIO	NS				
MOTHER'S NAME	BUSIN	ESS ADDRESS	PHONE	CELL	
FATHER'S NAME	BUSIN	USINESS ADDRESS PHON		CELL	
	MISSION FOR MY CHILD TO HIM AFTER HE LEAVES TH		IMSELF AND NO	ASSUME ALL DEPARTURE TIME	
PARENT'S SIGNATURE		DATE			