

St. Ann School Extended Care Program

Registration Form

Registration Fee \$25.00 per child

Children's Names: _____ Birth Date: _____ Grade: (in Sept) _____

Address: _____
Street City Zip

Home Phone Number: _____ (Please circle which order to call in an emergency: 1st, 2nd, 3rd, 4th, 5th)

Mother's/Guardian's Name: _____ Cell Phone: _____

Home Address (if different from above): _____ (Call order, circle: 1st, 2nd, 3rd, 4th, 5th)

Place of Work: _____ Business Phone: _____
(Call order, circle: 1st, 2nd, 3rd, 4th, 5th)

Father's/Guardian's Name: _____ Cell Phone: _____

Home Address (if different from above): _____ (Call order, circle: 1st, 2nd, 3rd, 4th, 5th)

Place of Work: _____ Business Phone: _____
(Call order, circle: 1st, 2nd, 3rd, 4th, 5th)

Release Authorization: List Persons, other than those listed above, who are to be contacted in case of an emergency (if we are unable to reach parent/guardian) AND have permission to pick up your child from the Extended Care Program:

Name Relationship Phone#

Name Relationship Phone#

Name Relationship Phone#

Name Relationship Phone#

Please list any health problems or allergies we should be aware of: _____

I hereby understand that, for the protection of my child, he/she will not be given permission to leave our Extended Care Program with anyone not listed above. It is my responsibility to notify the Extended Care staff, in writing, if any deletions or additions are to be made to this authorization.

I also understand that in case of divorce or separation of parents, the Extended Care staff is legally obligated to release a child to either parent, except in the case of a court order stating otherwise.

I have read and hereby agree to be govern by the policies as stated in the St. Ann Extended Care Handbook, as posted on the school website.

Parent/Guardian's Signature: _____ Date: _____