

**ST. ANNA CATHOLIC SCHOOL
EXTENDED DAY PROGRAM**

REGISTRATION FORM

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# _____

Email Address for Billing:

I need Before School Care

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Occasionally

I need After School Care

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Occasionally

BILLING INFORMATION

Extended Care is \$6 per hour (\$3 per hour for each sibling).

Extended Care balances will be available in your Option C account. A payment reminder email will be sent to you the beginning of each month. You also have the option of having your extended care bill added to your FACTS account monthly.

Accounts that are 30 days overdue will require payment before your child(ren) may use the extended care program.

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.

Please initial:

_____ I have read and understand the Billing information/LATE fees

_____ I would prefer to have my EC monthly charges added to my FACTS account

EMERGENCY CONTACT INFORMATION FORM

It is extremely important that we have additional emergency contacts in the event we need to reach someone if your child becomes ill or injured and we cannot reach you.

Please provide the name of at least two additional contacts.

Contact's Name _____ **Relationship** _____

Home Phone# _____ **Cell Phone#** _____

Contact's Name _____ **Relationship** _____

Home Phone# _____ **Cell Phone#** _____

Contact's Name _____ **Relationship** _____

Home Phone# _____ **Cell Phone#** _____

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

I have read and understand the Billing Information and Guidelines (on the next page)

Printed Name: _____ **Signature:** _____

Date: _____

EXTENDED CARE GUIDELINES

- **Extended Care is open from 7:00-8:30 and 3:15-5:30 on school days. EC Closes promptly at 5:30... Be prompt for pick up please or late fees will be added to your account**
- **Extended Care is available on the following early dismissal days for \$35**
 - ** you will need to pre-register for these afternoons and provide a lunch
 - **September 19, November 19, 20, December 18, February 6 & March 8, April 3**
 - There's NO afternoon EC on December 21.**
- **Electronic devices are NOT permitted at extended care. We have plenty of other activities for students to choose during this time. Electronic devices that must be brought to school, should remain in the student's back pack and signed in at the office at 8:30**
- **TOYS- We also ask that you keep home toys at home. We have plenty of toys for students to play with and have worked hard to add to and organize our toys.**
- **Pick Ups- your child is expected to leave when their ride arrives. It is disrupting to have parents or caregivers spend additional time at EC or to allow their child to play more. We will assist with letting your child know it's time to leave when you arrive.**
- **Snacks- morning and afternoon extended care students are permitted to bring a morning snack/breakfast and an afternoon snack. Please be sure to label these appropriately for younger students so they do not eat their school snack/lunch.**

In the event you need to reach Extended Care after hours- you can try the school number and enter the extension for Extended Care. If you have an emergency please contact Mrs. French at 978-821-9904 or Mrs. Priddy at 978-413-1302