



St. Anne School Extended Care

375 Hickory Street Bethlehem, PA 18017
610-317-6392

Registration Form

Registration Date _____

PLEASE FILL OUT COMPLETELY!!

Non-refundable registration fee of \$35.00 must be submitted by Check or Money Order Payable to: **St. Anne Extend Care** with this application.

Please check the time(s) your child may attend Extended Care:

_____ 7:00 am to 8:00 am

_____ 11:15 am to 6:00 pm (Preschool)

_____ 7:00 am to 8:45 am (Preschool)

_____ 3:00 pm to 6:00 pm

Child's Last Name _____ First Name _____

Date of Birth _____ Male _____ Female _____ Nickname _____ Gr. _____

****Medical/Additional Information:**

Allergies _____

Other _____

Child's Interests _____ Child's Fears _____

Child's Siblings (names, gr. & ages) _____

Parent/Guardian Information

Father's Name _____ Email: _____

Home Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Mother's Name _____ Email: _____

Home Address (if different from Father's) _____

Home Phone (if Different from Father's) _____

(over)

Employer _____ Work Phone _____

Parents: ___ Married ___ Divorced ___ Separated ___ Widowed ___ Single

If Divorced or Separated, please indicate parent with legal custody _____

Stepparent or Legal Guardian (If applicable) _____

Address _____

Home Phone _____ Cell Phone _____

Occupation _____ Work Phone _____

In case of Emergency, please contact:

Name _____ *Phone* _____

Relationship to Student: _____ *Alternate Phone* _____

The following individuals are given permission to pick up _____

1. Parent _____
2. Parent _____
3. _____
4. _____
5. _____