

ST. ANNE EXTENDED CARE  
450 WASHINGTON AVE  
BETHLEHEM, PA 18017  
(610) 317-6392

Dear Parents,


Thank you for your interest in St. Anne Extended Care for your child. Enclosed please find Registration Form for the 2016/2017 school year. There is a \$35.00 Registration Fee per child, Our current rate is \$5.25 per hour (\*\*note this rate is subject to change.)

St. Anne Extended Care is an extension of your child's school day. We are open daily from 7:00am-9:00am then 11:00am- 6:00pm on any given school day. We are closed on holidays and also due to inclement weather.

Please fill out and return form to me as soon as possible. It can be sent to above address or to the school office. I hope that we become another part of your child's school day.

Feel free to call me at (610) 317-6392 if you have any questions. Thank you for your time.

Sincerely,



Denise Bostany

**ST. ANNE EXTENDED CARE  
450 WASHINGTON AVENUE  
BETHLEHEM, PA 18017**

**REGISTRATION PACKET  
Kindergarten through 8<sup>th</sup> grade  
20\_\_ / 20\_\_ SCHOOL YEAR**

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home**

**Address:** \_\_\_\_\_

**Church**

**Affiliation:** \_\_\_\_\_

**My child will be attending Extended Care during the following hours:**

**Full Day Kindergarten**

7:00 – 8:15 am \_\_\_\_\_

3:00 – 6:00 pm \_\_\_\_\_

**Occasionally:** \_\_\_\_\_

**Grade School**

7:00 – 8 :15 am \_\_\_\_\_

3:00 – 6:00 pm \_\_\_\_\_

**Occasionally:** \_\_\_\_\_

**There is a \$35.00 Non- Refundable Registration Fee per child.  
Children must be registered with St. Anne School to be eligible for the Extended  
Care Program.**

**Hourly rate is \$5.25 \*\* per hour with a ½ hour minimum charge.**

**\*\*rates subject to change**

**Accounts are billed on the 16<sup>th</sup> and the last day of the month.**

**There is a \$10.00 per 15 minute Late Pick-up Charge/ per student.**

**Any check returned by the bank for any reason will incur  
a \$25.00 Processing Fee.**

**NAME AND ADDRESS OF PERSON RESPONSIBLE FOR ALL ACCOUNTS:**

\_\_\_\_\_  
\_\_\_\_\_

# EMERGENCY MEDICAL FORM

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
(if different) (if different)

Home Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Address \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

If unable to reach the parents in case of illness or  
emergency, please contact:  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please List other school and Extended care children.  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list any food and drug allergies and any other serious  
allergic / medical conditions:  
\_\_\_\_\_  
\_\_\_\_\_

If your child takes any regular medications please list:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PARENTAL CONSENT FORM

## PART 1 - AUTHORIZATION OF CONSENT

In case of an emergency involving my/ our child

\_\_\_\_\_, and no parent can be reached, I / we give our permission to the School Personnel to arrange for the child to be taken to the \_\_\_\_\_ Emergency Room and I / we authorize that the hospital's medical personnel to administer any NECESSARY EMERGENCY MEDICAL CARE.

Parents' Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

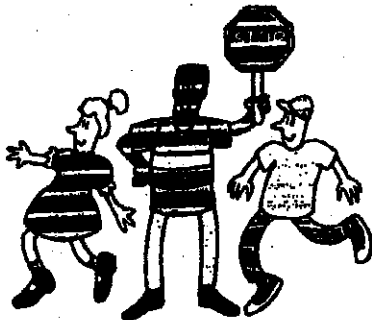
\_\_\_\_\_ Date: \_\_\_\_\_

Do Not Complete Part 2 if you complete Part 1:

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring treatment, I wish the school authorities to take NO action or to: \_\_\_\_\_

Parents' Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_



# RELEASE AUTHORIZATION

The following individuals to pick-up \_\_\_\_\_  
At St. Anne Extended Care. Brothers and sister must be in the 7<sup>th</sup>  
grade or higher to pick-up a sibling from Extended CARE.  
PARENTS PLEASE MAKE SURE THAT BOTH PARENTAL FIGURES ARE  
LISTED:

NAME	TELEPHONE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

I hereby understand that, for the protection of my child he/ she  
will not be given permission to leave Extended Care with anyone  
not included on the above list. It is my responsibility to  
notify the staff of any deletions or additions to this list.

\_\_\_\_\_  
Parent/ Guardian's signature

\_\_\_\_\_  
Please print Parent/ Guardian's Name

\_\_\_\_\_  
Date

