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 8th 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                      Grade School
7:00 – 8:15 am      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 16th 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)

Home Telephone:____________________  Home Telephone:____________________
Cell Number:____________________  Cell Number:____________________

Place of Employment:____________________

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 7th
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 herby 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