

**St. Ann School Extended Care Program**

**Registration Form**

**Registration Fee \$25.00 per child**

Children's Names:

Birth Date:

Grade:

(in Sept.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Will your child attend: Before School? \_\_\_\_\_

(check all that apply)

After School? \_\_\_\_\_

For Early Dismissal? \_\_\_\_\_

For Late Starts? \_\_\_\_\_

In the Event of 2 Hour Delay? \_\_\_\_\_

Will your child attend Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_

If part-time, what days? M T W TH F

Mother's Name: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_