

EXTENDED CARE REGISTRATION FORM

PLEASE FILL OUT FORM COMPLETELY: Non-refundable registration fee of \$35.00 must be submitted by check, cash or money order payable to: St. Anne Extended Care with this application. Or pay through our website donation button

Please check the approximate time(s) your student may attend Extended Care.

St. Anne Extended Care uses ProCare for signing in/out and payments. If you are new to Extended Care, we will create an account for you. ProCare will send you an email, accept the email and get your pin. You can also set up a payment plan on ProCare.

Extended care is \$9.00 per hour. You must pay for the month in advance. Estimate the amount you may use. Invoices are generated via email on the 1st of every month for the month prior. Example October 1st the invoice for September. If you have a credit, it will carry over, if you owe money you need to pay. You must continue to pre-pay. Your child(ren) will not be allowed to come to Extended Care if you have a delinquent balance or have not prepaid.

You must reapply each year and pay the \$35.00 registration fee.

Extended Care is open 7 AM to 9 AM and 2 PM to 5:30 PM

EXTENDED CARE REGISTRATION FORM

Date: _____

Please check the approximate time(s) your student may attend Extended Care.

____ Mornings 7:30 am – 9 am

____ Afternoons 2 – 5:30 pm

Students Last Name: _____ **First Name:** _____

Date of Birth: _____ **Male:** ____ **Female:** ____ **Grade/Homeroom:** _____

Medical/Additional Information:

Allergies: _____

Other: _____

Student's Interests: _____

Student's Fears: _____

Siblings (names, grade, ages): _____

Parent/Guardian Information:

Parent/Guardian 1 Name: _____ Email: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Parent/Guardian Information:

Parent/Guardian 2 Name: _____ Email: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Parents: Married Divorced Separated Widowed Single

If divorced or separated Custody agreements are required

In addition to Parents list people who are authorized to pick up your child(ren)

Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Email: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____