



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 per student must be submitted by check or money order payable to: **St. Anne Extended Care** with this application.

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

_____ 7:00am to 8:30am (Preschool)

_____ 7:00am to 8:00am

_____ 11:00am to 6:00pm (Half-day Preschool)

_____ 2:00pm to 6:00pm (Full-day Preschool)

_____ 3:00pm to 6:00pm

Students Last Name _____ Student's First Name _____

Date of Birth _____ Male Female Nickname _____ Grade/Homeroom _____

Medical/Additional Information: (anything else you feel like we should know about your student)

Allergies _____

Other _____

Student's Interests _____

Student's Fears _____

Siblings (names, gr., and ages) _____

Parent/Guardian Information:

Parent/Guardian 1 Name _____ Email _____

Home Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Parent/Guardian 2 Name _____ Email _____

Home Address (if different from Parent 1) _____

Home Phone (if different from Parent 1) _____ Cell Phone _____

Employer _____ Work Phone _____

Parents: Married Divorced Separated Widowed Single

If divorced or separated, please indicate parent with legal custody _____

Steparent or Legal Guardian 1 (if applicable) _____

Home Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Steparent or Legal Guardian 2 (if applicable) _____

Home Address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

In case of emergency, please contact: *(Please put someone other than the parents/guardians written above, if possible)*

Name _____ Cell Phone _____

Relationship to student _____ Alternate Phone _____

The following individuals are given permission to pick up _____,

(name(s) of students)

1. Parent/Guardian _____

2. Parent/Guardian _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Parental Consent Form

Please complete Part 1 **OR** Part 2 of this form

Part 1 - Authorization of Consent

In case of emergency involving my/our child _____,
and no parent can be reached I/we give our permission or consent to the St. Anne School
Extended Care personnel to arrange for my/our child to the Nearest Emergency Room and
I/we authorize that the hospital's medical personnel to administer many NECESSARY
EMERGENCY MEDICAL CARE.

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

Part 2 - NON-Authorization of Consent

I/we DO NOT give our permission or consent for emergency medical treatment for my/our
child. In the event of illness or injury requiring treatment, I/we wish the St. Anne School
Extended Care personnel to take no action, or, to: _____

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

Release Authorization

The individuals listed are authorized to pick up my/our child _____ at St. Anne School Extended Care. Siblings must be in 7th grade or higher to pick up their sibling from St. Anne School: **PLEASE INCLUDE PARENT/LEGAL GUARDIANS IN THIS LIST.**

Please Print Clearly!

Name	Phone Number

I hereby understand that, for the protection of my child/children, he or she/they will not be permitted to leave Extended Care with anyone NOT included on the above list. It is my responsibility to notify the staff of additions to or deletions from this list during the school year.

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____