



# Extended Day Program 2017-18

**Registration Fees:** 1 child.....\$40.00  
 2 children.....\$50.00  
 3 children.....\$60.00

## Extended Day Billing Procedures

- Extended Day will be billed through our FACTS program
- Your FACTS account will be billed on the 10<sup>th</sup> of each month as a separate charge labeled “Extended Day”
- Extended Day begins on August 10<sup>th</sup> and ends on May 22<sup>nd</sup>
- Billing will be from September 10<sup>th</sup> -June 10<sup>th</sup> for prior month’s attendance
- If you do not pay tuition through a FACTS account, please contact Ms. Kiker (akiker@sasbmt.com) for Extended Day payment instructions

### MONTHLY FEES

<i>Monthly-Full Time</i>	<i># of children</i>	<i># of days a week</i>	<i>Monthly Fees</i>
monthly 3:00-5:30	1	5 days a week	\$120.00
monthly 3:00-5:30	1	3 days a week	\$ 100.00
monthly 3:00-5:30	2	5 days a week	\$165.00
monthly 3:00-5:30	2	3 days a week	\$135.00
monthly 3:00-5:30	3 or more	5 days a week	\$210.00
monthly 3:00-5:30	3 or more	3 days a week	\$170.00

<i>Monthly-1/2 Time</i>	<i># of children</i>	<i># of days a week</i>	<i>Monthly Fees</i>
monthly 3:00-4:30	1	5 days a week	\$ 85.00
monthly 3:00-4:30	1	3 days a week	\$ 80.00
monthly 3:00-4:30	2	5 days a week	\$ 105.00
monthly 3:00-4:30	2	3 days a week	\$ 95.00
monthly 3:00-4:30	3 or more	5 days a week	\$120.00
monthly 3:00-4:30	3 or more	3 days a week	\$ 105.00

<i>Drop In Students</i>	<i># of children</i>	<i>Days/Events</i>	<i>Daily Rate</i>
Daily 3:00 – 5:30	1	school day	\$ 13.00
Daily 12:00-5:30	1	early dismissal	\$ 18.00
Daily 3:00 – 5:30	2	school day	\$ 18.00
Daily 12:00-5:30	2	early dismissal	\$ 20.00
Daily 3:00 – 5:30	3 or more	school day	\$ 22.00
Daily 12:00-5:30	3 or more	early dismissal	\$ 24.00

## St. Anne Extended Day Program Enrollment Form

Please Circle: M T W Th F      Time: 3:00-4:30    3:00-5:30    Early dismissal    Drop In

Family's Last Name:		
Child 1 Last Name:	First Name:	
Grade:	Age:	Date of birth:
Child 2 Last Name:	First Name:	
Grade:	Age:	Date of birth:
Child 3 Last Name:	First Name:	
Grade:	Age:	Date of birth:
Address:	City:	Zip:
Home phone:		

Father's First Name:	Last:	
Address (if different):	Zip:	
Home phone:	Work phone:	Cell:
Mother's First Name:	Last:	
Address (if different):	Zip:	
Home phone:	Work phone:	Cell:

IN CASE OF EMERGENCY, and you cannot be reached, we should call:

Name:	Relationship to child:	
Home phone:	Work phone:	Cell:

### AUTHORIZATION FOR **EMERGENCY** MEDICAL TREATMENT

In the event that we cannot be reached to make arrangements for emergency medical attention/treatment, I authorize any St. Anne staff member to take my child to

Licensed Physician:	Phone:
Address:	
Hospital:	Address:
Phone number:	

I give my consent to any/all necessary treatment when my child is in the care of this physician and/or hospital.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## EXTENDED DAY STUDENT EMERGENCY CARE INFORMATION

---

Student's Last Name	First	M. I.	Date
---------------------	-------	-------	------

---

Home Address	City	Zip	Home phone
--------------	------	-----	------------

---

School	Grade	Birthdate
--------	-------	-----------

---

Mother's Name	Business Address	Business phone
---------------	------------------	----------------

---

Father's Name	Business Address	Business phone
---------------	------------------	----------------

List two neighbors or relatives who will assume temporary care of your child if you cannot be reached.

---

Name	Address	Phone
------	---------	-------

---

Name	Address	Phone
------	---------	-------

Note any health conditions such as heart disease, eye or ear problems, epilepsy, severe allergies, chronic ailments, etc.

Explanation: \_\_\_\_\_

Doctor:      1<sup>st</sup> choice \_\_\_\_\_ Phone \_\_\_\_\_

                 2<sup>nd</sup> choice \_\_\_\_\_ Phone \_\_\_\_\_

Hospital: \_\_\_\_\_

---

Name	Address	Phone
------	---------	-------

I, the undersigned, do hereby authorize the officials of \_\_\_\_\_  
School to contact directly the persons named on this form, and do authorize the named physicians to render  
such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event physicians, other persons named on this form, or parents cannot be contacted, the school officials  
are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the  
aforesaid child.

I will not hold the school financially responsible for the emergency care and/or transportation for said child.

---

Signature of parent or guardian	Date
---------------------------------	------

---

Student's Last Name	First	M.I.
---------------------	-------	------

# EXTENDED DAY STUDENT RELEASE INFORMATION

Family's Last Name

First

M.I.

NOTICE: Please inform anyone listed below that they must sign their name and time on the sign out sheet when they pick up your child. When someone other than those listed below picks up your child, you MUST call or send a signed note. If we do not have any prior notice we will call you for information

## Persons/Persons authorized to pick up my child

NAME	RELATIONSHIP

## Person/Persons NOT authorized to pick up my child

NAME	RELATIONSHIP

## Continuous Supervision of Children

When my child is under the care of the Extended Day Program, the staff must be made aware of my child's arrival and departure. I, or persons indicated above, will sign my child out when picked up.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date