

Extended Day Program Fee Schedule: 2015-2016

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

The Extended Day Program collects fees on a monthly basis. All payments are due on the first of the month and are considered to be late on the tenth. **PLEASE MAKE CHECKS PAYABLE TO ST. ANNE E. D. P.** A \$10.00 LATE FEE will be added after the tenth. A \$20.00 fee will be charged for all returned checks. Emergency situations will be accepted. All fees must be current to receive your child's report card. Every child who attends E. D. P. must register. No exceptions. Emergency cards and all information must be on file prior to attendance.

Persistently late pickups will result in extra charges. If you enroll for 4:30 pickup and find you are later than 4:30, your fees will be adjusted to the next category. Also, if you do not pick up your student by 5:30 pm, a fee of \$1 per minute will be accrued.

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

STUDENT EMERGENCY CARE INFORMATION

Student's Last Name	First	M. I.	Date
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Home Address	City	Zip	Home phone
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School	Grade	Birthdate
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Mother's Name	Business Address	Business phone
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Father's Name	Business Address	Business phone
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List two neighbors or relatives who will assume temporary care of your child if you cannot be reached.

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

Explanation: _____

Doctor: 1st choice _____ Phone _____

2nd choice _____ Phone _____

Hospital: _____

Name	Address	Phone
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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
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Student's Last Name	First	M.I.
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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