



## St. Francis of Assisi Extended Care 2009 – 2010 Registration Form

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Current Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Enrollment status:

\_\_\_\_\_ **Full-time** (3 or more days a week, you are obligated to pay for every week of the school year)

\_\_\_\_\_ **Drop-in** (you are obligated to pay for every day your child attends, payments are due that day)

Father's Information	
Name	_____
Address	_____ _____
<i>(if different from child's)</i>	
Home Phone	_____
Employer	_____
Work Phone	_____
Cell Phone	_____

Mother's Information	
Name	_____
Address	_____ _____
<i>(if different from child's)</i>	
Home Phone	_____
Employer	_____
Work Phone	_____
Cell Phone	_____

Names of siblings enrolled in Extended Care \_\_\_\_\_

If parents are divorced, which parent has custody of the child? \_\_\_\_\_

### Emergency Contacts if parents cannot be reached:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### Persons allowed to pick up child from extended care, other than the parents:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

### Medical History - Student has had or currently has the following:

\_\_\_ Asthma  
\_\_\_ Allergies, specify \_\_\_\_\_  
\_\_\_ Diabetes  
\_\_\_ Epilepsy  
\_\_\_ Eye problems  
\_\_\_ Headaches/migraines

\_\_\_ Hearing Difficulties  
\_\_\_ Heart Problems  
\_\_\_ Hemophilia (bleeder)  
\_\_\_ Seizures  
\_\_\_ Speech Difficulties

List any medications your child takes regularly: \_\_\_\_\_

Are there any restrictions to physical activity? \_\_\_\_\_

### In an emergency:

Physician's Name \_\_\_\_\_  
Hospital/Clinic \_\_\_\_\_

Phone \_\_\_\_\_  
Phone \_\_\_\_\_

Office Use Only: Paid \_\_\_\_\_ Cash/Check \_\_\_\_\_



## *St. Francis of Assisi Extended Care* *2009 – 2010 Fees*

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### **REGISTRATION FEE**

\$50 per child

The annual registration fee is non-refundable and is due at the time of registration, payable to **St. Francis of Assisi Extended Care (SFA)**. Children **must be registered** to attend SFA Extended Care

### **REGISTRATION STATUS**

**FULL TIME** –Students who attend Extended Care **3-5 days a week.**  
You are obligated to pay for every week of school.

Full time payments are due each Monday and are considered late after Wednesday. Late fees will be added to payments received after Wednesday. There are additional fees for half days and no school days.

Full time parents will receive one free week of vacation; however, children must be out the entire week during the vacation week.

**DROP IN** – Students who attend Extended Care only 1 or 2 days per week.

You are obligated to pay for every day your child(ren) attends.

Payments are due the day Extended Care is used. Late fees will be charged for payments not made on the day your child(ren) attends Extended Care.

FULL TIME -	\$55.00 per child, per week Add \$10 for half days per child Add \$25 for no school days per child
DROP IN -	\$15 per child, per day \$25 for half days per child \$40 for no school days per child
Sibling Discount -	***Sibling discount only apply to full-time students Discount is \$5 <b><u>per family</u></b>

Cash, Check, or Money Orders are accepted.  
Make checks payable to St. Francis of Assisi Extended Care (SFA).  
(Please put child's name on check)

Contact Dena Chavez, Director of Extended Care/Summer Camp at

381-2595 or [dena.chavez@sfaschool.cdom.org](mailto:dena.chavez@sfaschool.cdom.org)