

# St. Ann Extended Care Before & After School Care 2018-2019

Welcome to St. Ann School and St. Ann Extended Care! St. Ann E-Care is a before and after school program that has been caring for St. Ann School students for 30 years. The program offers an afternoon snack and a variety of activities which include: homework room, gym time, outside play, art, video games, toys, and board games. Monthly newsletters are provided to keep you informed of activities, upcoming events, holidays, etc. Children are grouped according to grade.

We offer two enrollment options: Full Time and Morning Care. Full Time enrollment is for those children who will attend every afternoon and includes morning care, with payment due every week, regardless of attendance. Morning Care is for those children who only need to attend in the morning, with payment only due for days of attendance.

## PROGRAM HOURS

Our hours of operation are 6:30-7:30 a.m. for morning care, and dismissal until 6:00 p.m. for after care. For school holidays and half days, we will be open only if we have 20 children sign up to attend. We are closed on major holidays and snow days (a complete list of holiday closings will be available on the first day of school).

## PROGRAM FEES\*

(fees are subject to change)

## REGISTRATION FEE

**Due with forms**

**Early- \$50 until March 30**

**Late- \$75 Apr. 2-May 25**

<b>Full Time</b>	\$60 per week
<i>Extra fee for half day/holiday</i>	<i>\$5 half day dismissal, \$10 holiday per day</i>
<b>Morning Care</b>	\$5 per morning

**\*The deadline to register AND have a GUARANTEED spot is May 25  
Call for availability after May 25**

**To register, download forms from the school website**

For more information, please call Karen Otts or Carol Caesar at 382-3370 or email us at:  
[karen.otts@sascolts.org](mailto:karen.otts@sascolts.org) and [carol.caesar@sascolts.org](mailto:carol.caesar@sascolts.org).



2018-2019

6529 Stage Rd. Bartlett, TN 38134 (901) 382-3370

**Child's Full Name** \_\_\_\_\_ **Date of Admission** \_\_\_\_\_

**What name does your child go by?** \_\_\_\_\_

**Male** \_\_\_ **Female** \_\_\_ **Date of birth** \_\_\_\_\_

**CIRCLE grade your child WILL be in for the school year of 2018-2019:**

PK3 JK4 K 1 2 3 4 5 6 7 8

**If parents are divorced, separated, etc., who has custody of the child?** \_\_\_\_\_  
**(Legal papers MUST be on file with us to enforce)**

**Child's address** \_\_\_\_\_  
(PHYSICAL address, NOT P.O. BOX)

**Mother's Name** \_\_\_\_\_

home address \_\_\_\_\_

city \_\_\_\_\_ zip code \_\_\_\_\_ **home phone** \_\_\_\_\_

place of employment \_\_\_\_\_

business address \_\_\_\_\_ work hours \_\_\_\_\_

**\*work phone** \_\_\_\_\_ **\*cell phone** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

home address \_\_\_\_\_

city \_\_\_\_\_ zip code \_\_\_\_\_ **home phone** \_\_\_\_\_

place of employment \_\_\_\_\_

business address \_\_\_\_\_ work hours \_\_\_\_\_

**\*work phone** \_\_\_\_\_ **\*cell phone** \_\_\_\_\_

**\*Parents MUST be able to be contacted while child is in our care**

List those, OTHER THAN PARENTS, to whom your child may be released:

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### Emergency Contact

Person to call in an emergency, **when parents cannot be reached**. Your emergency contact must be able to pick your child up for you within thirty minutes. **Registration forms will NOT be accepted without an emergency contact listed, and parents CANNOT BE LISTED AS EMERGENCY CONTACTS.**

name \_\_\_\_\_ cell phone \_\_\_\_\_

home address \_\_\_\_\_ home phone \_\_\_\_\_

place of employment \_\_\_\_\_ work phone \_\_\_\_\_

business address \_\_\_\_\_

### ADDITIONAL CHILDREN IN HOME:

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

### PERMISSIONS / RELEASE

1. I hereby authorize St. Ann E-Care staff to act on my behalf in seeking and approving emergency medical treatment.
2. I have received and read a copy of the licensing requirements provided by the Department of Education and St. Ann E-Care policies and procedures.
3. I have completed the application and emergency records are up to date.
4. My child's health records are in the school office.
5. I release St. Ann from all liabilities of all sponsored activities of the program.
6. I have received a copy of my rights as a client, and I am familiar with the grievance process.

**PARENTAL SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

# St. Ann E-Care Health History

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Tell us if your child has **ANY** medical issues that we need to be aware of while caring for your child. All information is confidential, so please answer all questions as thoroughly as possible. This information will be beneficial in the event that we are unable to reach you quickly during health concerns.

1. Is your child on **ANY** medication? If so, what and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. List **ALL** allergies: \_\_\_\_\_

\_\_\_\_\_

3. If your child is allergic to bee/insect stings, what kind of a reaction is it?

\_\_\_\_\_

\_\_\_\_\_

4. Does your child have a seizure condition? If so, what should we expect before, during, and after the seizure?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does your child have severe headaches/migraines? If so, how frequently do they occur and how do you alleviate the pain? \_\_\_\_\_

\_\_\_\_\_

6. Does your child have ANY form of asthma? If so, does he/she use/carry an inhaler?

\_\_\_\_\_

7. Are there any restrictions to physical activities? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please list any information that you feel would be beneficial in helping us care for your child (any fears/phobias, must wear glasses all the time, overheats easily because of medicine, etc.).

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Child's physician \_\_\_\_\_ Phone number \_\_\_\_\_

Physician's address \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_

Policy# \_\_\_\_\_

**Emergency Numbers: Mom** \_\_\_\_\_ **Dad** \_\_\_\_\_

1. I hereby authorize E-Care staff to act on my behalf in seeking and approving emergency medical treatment.
2. I give my permission for E-Care staff to clean wounds with hydrogen peroxide, to apply Neosporin to cuts/scratches, and apply topical Benadryl to bug bites and rashes.

Exceptions/Comments: \_\_\_\_\_

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**Parental Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# St. Ann E-Care 2018-2019 Enrollment Form

## FULL TIME

1. Your child attends every afternoon (may attend mornings), every week of the school year. **Payment is due regardless of attendance or school closures.**

2. **Fees:** \$60 weekly, due every Monday. Add \$10 for a holiday, \$5 for a half day.

3. If payment is not received by NOON, WEDNESDAY, a \$25 late fee will be charged to your account.

## MORNING CARE

Morning Care fees are due on the day/week of attendance. Fees are per day, NOT hourly.

Morning care           \*\$5

\*fees as of 2/15/18. All fees subject to change.

**CIRCLE Choice of Enrollment:**

**Full Time**

or

**Morning Care**

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## **PAYMENT AGREEMENT**

**Registration fee is due with forms**

**\$50 EARLY registration fee until March 30**  
**\$75 LATE registration fee, after March 30**

### Other Fees

1. \$55 service charge for returned checks.
2. Late pick up fees are \$1 per minute per child, and increase by \$1 on each subsequent late pick up.
3. You must sign your child up to attend on half days/holidays. If your child is signed up to attend, but does NOT attend, you will be charged an extra No-Show fee.

**I understand that I am obligated to pay every month if FULL TIME or every day of attendance if Morning Care. I accept the payment policies and agree that nonpayment of fees is grounds for removal from the program.**

**Child's Name** \_\_\_\_\_

**Parental Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**St. Ann E-Care  
2018-2019  
Pain Reliever Authorization**

In the event that your child needs a pain reliever for a headache, earache, etc., we can give Tylenol, Advil, or Motrin with written authorization from a parent, without calling you at work. We will inform you at pickup if we have medicated your child. We do request that you provide us with a bottle of the pain reliever (labeled with your child's name) that your child uses if your child needs it frequently.

I authorize St. Ann E-Care staff to give my child Tylenol, Advil, or Motrin for a headache, earache, etc.

- a. YES
- b. Yes, but with phone call beforehand
- c. NO

Name of child/children \_\_\_\_\_

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_

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**E-mail**

List the email address you would like us to use for sending monthly newsletters, registration forms, reminders, announcements of closure, etc. If your emergency contact person will pick your child up if we close early due to inclement weather, please list their e-mail address, also.

Name \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

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**Acknowledgment Form**

To complete your child's registration, you must READ the St. Ann E-Care Handbook. Discuss all information pertaining to your child with your child so that he/she has a clear understanding of all of our rules and his/her responsibilities.

**This form must be signed and returned BEFORE the first day of school to complete your child's registration.**

I have read the St. Ann E-Care Handbook and have discussed it with my child/children.

Child's Name \_\_\_\_\_

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_