



St. Francis of Assisi
— CATHOLIC SCHOOL —

Date Received _____

Check Number _____

Extended School Program

2270 E. Stadium Blvd.
Ann Arbor, MI 48104
734-821-2290
2017-2018

PART A - CHILD and FAMILY INFORMATION

Child Information:

Last: _____ **First** _____ **Gender** ____ **Grade in Sept.** _____ **D.O.B.** _____

Last: _____ **First** _____ **Gender** ____ **Grade in Sept.** _____ **D.O.B.** _____

Last: _____ **First** _____ **Gender** ____ **Grade in Sept.** _____ **D.O.B.** _____

Last: _____ **First** _____ **Gender** ____ **Grade in Sept.** _____ **D.O.B.** _____

Does your child(ren) have any known allergies? _____

Mother: _____

Father: _____

Address _____

Address (If different) _____

City _____ **Zip** _____

City _____ **Zip** _____

Phone (H) _____ **(W)** _____

Phone (H) _____ **(W)** _____

Cell Phone _____

Cell Phone _____

Email: _____

Email: _____

Child's ethnic group: _____ Hispanic or Latino _____ Non-Hispanic or Latino

Child's race: _____ Native American/Alaskan _____ Asian

_____ Black American/African _____ White

_____ Native Hawaiian/Pacific Islander

PART B - SCHEDULE

Please indicate your requested schedule. There are limited spaces available in each age group. Returning families receive priority and the remaining spaces will be filled based on the date forms are received.

If your anticipated schedule changes, please notify Christina Busse at 734-821-2290, as soon as possible and we will make every effort to accommodate you.

INDICATE DAYS AND TIMES YOU WOULD LIKE RESERVED FOR YOUR WEEKLY SCHEDULE:

- 1. BEFORE-SCHOOL CARE: 6:45-7:45 am \$4.25/hour
 Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

- 3. AFTER-SCHOOL CARE: 3:00-6:00 pm \$14.25/day
 Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

- 4. 7TH/8TH GRADE SPECIAL PROGRAM: \$5.00/hour _____

- 5. DROP-IN CARE ONLY BS \$4.40 & AS \$14.75/day _____

PART C - REGISTRATION FEES

The non-refundable registration fee must accompany this enrollment form in order to reserve your family's spot.

Please make checks payable to **St. Francis ESP.**

Please indicate the fees that apply to your family:

- _____ Registration fee for first child= \$75.00
- _____ Registration fee for the second child = \$40.00
- _____ Registration fee for third child (or more) = \$30.00

Total: _____

If you have any questions, please contact the Child Care Director, Christina Busse at 734-821-2290. You will receive a forms packet prior to the start of school.

Parent/Guardian Signature _____ Date _____