



St. Francis of Assisi
— CATHOLIC SCHOOL —

Date Received _____

Check Number _____

Before and After-School Childcare K-8th
2270 E. Stadium Blvd.
Ann Arbor, Mi 48104
734-821-2290

2016-2017

PART A – CHILD and FAMILY INFORMATION

Child Information:

Last: _____ **First** _____ Gender ___ Grade in Sept. _____ Birth Date _____

Last: _____ **First** _____ Gender ___ Grade in Sept. _____ Birth Date _____

Last: _____ **First** _____ Gender ___ Grade in Sept. _____ Birth Date _____

Last: _____ **First** _____ Gender ___ Grade in Sept. _____ Birth Date _____

Mother's Name _____ **Father's Name** _____

SSI # _____ SSI# _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

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

Cell Phone _____ Cell Phone _____

E-mail for billing: _____ Email for information only: _____

Mother's Religion _____ Father's Religion _____ Child's Religion _____

Child's Ethnic Group: _____ Hispanic or Latino _____ Non-Hispanic or Latino

Child's Race (Choose one or more): _____ Native American/Alaskan _____ Asian

_____ Black American/African _____ White

_____ Native Hawaiian/Pacific Islander

PART B - CHILDCARE SCHEDULE

Please indicate your childcare needs on the schedule that can be found on the back of this page. There are limited childcare spaces available in each session. Returning families and siblings will be placed first. Remaining spaces will be filled based on the date the forms are received in the ESP office and as space allows in each grade level grouping. The ESP registration fee must accompany this form in order to be considered for a space. If your anticipated schedule changes during the summer please notify the ESP office as soon as possible. Additions to your schedule are not guaranteed.

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

- 1. BEFORE-SCHOOL CARE: 6:45-7:45 am (\$4.00/day, \$4.25/drop-in)
Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Drop In _____

- 3. AFTER-SCHOOL CARE: 3:00-6:15 pm (\$13.95/day, \$14.50/drop-in)
Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Drop In _____

- 4. 7TH/8TH GRADE SPECIAL PROGRAM: (\$4.00 hr) _____

Fees tentative until January budget process is complete.

PART C - REGISTRATION AND RENEWAL FEES

The registration or renewal fee must accompany this enrollment form. Please make check payable to St. Francis ESP. Registration fee is refundable only if space is not available for your child in ESP or the school. Please indicate the fees that apply to your family:

- _____ Registration fee for the first child in family to enroll in program = \$70.00
- _____ Registration fee for the second child in family to enroll in program = \$35.00
- _____ Registration fee for third child (or more) in family to enroll in program: = \$25.00
- _____ Renewal Fee for each **returning** child: \$25 x _____ children = _____

If you are also registering a preschool child you may combine the preschool registration fee and the ESP registration fee into one check. Children who were enrolled in the school or parish preschool may pay the renewal fee. If you have questions about what registration/renewal fees are due please contact the ESP Director at 734-821-2290. You will receive a forms and information packet at the fall school orientation.

Parent/Guardian Signature _____ Date _____