



St. Francis of Assisi  
— CATHOLIC SCHOOL —

Date Received \_\_\_\_\_

Check Number \_\_\_\_\_

### Extended School Program

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

**2018-2019**

**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: \_\_\_\_\_

Which email would you like used for billing purposes? \_\_\_\_\_

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.

Understandably schedules with busy families often change. If you need to make a change, please notify Christina Busse at 734-821-2290, as soon as possible and we will make every effort to accommodate your request.

**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 \$5.00/day & AS \$15.25/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:

- \_\_\_\_\_ New Family Registration fee for first child= \$75.00
- \_\_\_\_\_ New Family Registration fee for the second child = \$40.00
- \_\_\_\_\_ New Family Registration fee for third child (or more) = \$30.00
- \_\_\_\_\_ Returning Family Registration fee per child= \$35.00
- \_\_\_\_\_ 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 \_\_\_\_\_