



St. Francis of Assisi
— CATHOLIC SCHOOL —

Date Received _____

Check Number _____

**Extended School Program
2019-2020**

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

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? _____

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.

A schedule change requires **two weeks'** notice. Please notify the Child Care director as soon as possible and we will make every effort to accommodate your request. **All requests must be in writing.**

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

- 1. BEFORE-SCHOOL CARE: 6:45-7:45 am \$4.50/hour
 Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

- 3. AFTER-SCHOOL CARE: 3:00-6:00 pm \$14.75/day
 Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

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

- 5. DROP-IN CARE ONLY BS \$5.50/day & AS \$15.75/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.***

Indicate the fees that apply to your family:

- _____ New Family Registration fee for **first** child= \$80.00
- _____ New Family Registration fee for **second** child = \$40.00
- _____ New Family Registration fee for **third** child (or more) = \$30.00
- _____ **Returning family** renewal fee per child = \$35.00
- _____ Total

If you have any questions, please contact the Child Care Director, Christina Busse at cbusse@stfrancisaa.org. You will receive a forms packet that will be due by the end of the first week of school.

Parent/Guardian Signature _____ Date _____

