

EXTENDED DAY ENROLLMENT FORM

2019 - 2020

**All Saints Catholic School
768 Ohio Street - 166 State Street
Bangor, Maine 04401
(207) 941-9585**

We look forward to another year of providing high quality extended day programming for ASCS students, in addition to service for early dismissal days, teacher in-service days, snow days, and vacation days. We provide supervised outside play, and assistance with homework in a safe environment. An inter-campus bus is provided in the morning and in the afternoon. *Students are asked to bring a snack from home that they can have during our scheduled snack time, water will be provided by the school.*

My child will need **BEFORE CARE** (\$6 per morning) **at St. Mary's campus** 6:45 - 7:40 a.m.

Full Week (Monday – Friday) _____ Other (Please circle): Mon. Tues. Wed. Thurs. Fri.

My child will need **EXTENDED DAY** (\$15 per day) **at St. Mary's campus** 2:30-5:30 p.m.

Full Week (Monday – Friday) _____ Other (Please circle): Mon. Tues. Wed. Thurs. Fri.

My child will need **BEFORE CARE** and/or **EXTENDED DAY** occasionally _____

I will call the Childcare office for availability and the school office to inform my child's homeroom teacher. As a state-licensed program, we have an adult to child ratio of 1:13. Therefore, requests for services and/or changes in services will be honored on a first-come, first-served basis.

Child's Name: _____ Nickname: _____

Address: _____ Home Phone: _____

Gender: _____ Birthday: _____ Grade: _____ Age as of Sept.1st _____

PERSONS HAVING LEGAL AND PHYSICAL CUSTODY OF CHILD

Name: _____ Relationship to child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Occupation: _____

Business Address: _____

Name: _____ Relationship to child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

(over)

Email Address: _____

Occupation: _____

Business Address: _____

CHILD RELEASE INFORMATION

Children will not under any circumstance be released to any person without the express consent by the child’s custodial parent(s) or guardian(s) prior to pick up. Please inform the childcare office if someone other than yourself or those listed below are picking up your child.

Name: _____ Relation to Child: _____
Name: _____ Relation to Child: _____
Name: _____ Relation to Child: _____

EMERGENCY INFORMATION

Person(s) to be called in an emergency if custodial parent(s) or guardian(s) are unavailable

Name: _____ Relation to Child: _____
Phone Number: _____ Home Address: _____
Work Phone: _____ Cell Phone: _____

Name: _____ Relation to Child: _____
Phone Number: _____ Home Address: _____
Work Phone: _____ Cell Phone: _____

Name: _____ Relation to Child: _____
Phone Number: _____ Home Address: _____
Work Phone: _____ Cell Phone: _____

I, _____, hereby give authorization to All Saints Catholic Childcare and its employees to obtain emergency medical treatment for my child in the event of a sudden illness or injury.

Hospital preference, if any _____

PHOTO

I, _____, give permission for All Saints Catholic Childcare Program personnel to:

Photograph my child for publicity of All Saints Extended Day Program Yes No
Photograph my child for use within the classroom (non-publicity) Yes No
Include my child’s class picture in the ASCS Yearbook Yes No

FEE AGREEMENT

Services for Extended Day are to be paid weekly through Tuition Express. Please complete a Tuition Express Electronic Funds Transfer Authorization.

Before Care \$6/day
Extended Day \$15/day
Early Dismissal \$22/day
Full Day (vacations, snow days, in-service, etc.) \$35/day

Parent Signature _____ Date _____