

**ST. ANN E-CARE  
BEFORE AND AFTER SCHOOL CARE  
2022-2023**

St. Ann E-Care is a before and after school program that has been caring for St. Ann School students for 35 years. The program offers an afternoon snack and a variety of activities which include: homework time, gym time, outside play, art, video games, toys, and board games. Monthly newsletters are provided to keep you informed of upcoming holidays, parent reminders, etc. Children are grouped according to grade. We offer two enrollment options.

**Full Time** is for those children who will attend every afternoon and includes morning care if needed, with payment due monthly, regardless of attendance.

**Drop In** is for those children who do not need to attend every day, with payment only due for days the child attends. Drop In enrollees may attend morning care and aftercare anytime needed.

**PROGRAM HOURS**

Our hours of operation are 6:30-7:30 a.m. for morning care, and dismissal until 6:00 p.m. for after care. We are always open on half day with no extra charge to full time students. For school holidays we will be open if we have enough children sign up to attend. We are closed on major holidays and snow days (a complete list of holiday closings will be available on the first day of school).

**EARLY REGISTRATION**

Early registration fee is \$25 per child during the month of March 2022 only. **COMPLETED registration packets must be received by March 31<sup>st</sup> to qualify for the discount. Once your application packet is received by E-Care, your registration fee will be added to your FACTS account and is due as soon as it posts to your account.**

**REGISTRATION FEES**

**Registration fee is \$75 per child, made through your school FACTS account  
PAYMENTS**

**All payments are made through your school FACTS account.**

|                               |  |
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| <b>Full Time</b>              | <b>\$280 monthly</b>   |
| <b>Extra fee for holidays</b> | <b>\$30 per day (full time)</b>  |
| <b>Drop In</b>                | <b>\$5 per morning<br/>\$25 afternoon<br/>\$30 half day<br/>\$60 holiday</b> |

**THE DEADLINE TO REGISTER AND HAVE A GUARANTEED SPOT IS AUGUST 1, 2022**

**TO REGISTER DOWNLOAD FORMS FROM THE SCHOOL WEB SITE, PRINT THEM OFF,  
COMPLETELY FILL OUT ALL FORMS AND TURN IN TO E-CARE OR THE SCHOOL OFFICE.**

For more information, call Karen Otts at 216-7498 (cell phone) or email me at  
karen.otts@sascolts.org

# ST. ANN E-CARE REGISTRATION FOR 2022-2023

6529 Stage Rd. Bartlett, TN 38134 (901) 382-3370

Child's Full Name \_\_\_\_\_ Date \_\_\_\_\_

What name does your child go by? \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Date of birth \_\_\_\_\_

CIRCLE grade your child WILL be in for the school year of 2022-2023  
PK3 PK4 K 1 2 3 4 5 6 7 8

If parents are divorced, separated, etc., who has custody of the child? \_\_\_\_\_

Child's address \_\_\_\_\_  
(PHYSICAL address, NOT P.O. BOX)

Mother's Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ zip code \_\_\_\_\_

Place of employment \_\_\_\_\_

Business address \_\_\_\_\_ Work hours \_\_\_\_\_

\*work phone \_\_\_\_\_ \*cell phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ zip code \_\_\_\_\_

Place of employment \_\_\_\_\_

Business address \_\_\_\_\_ Work hours \_\_\_\_\_

\*work phone \_\_\_\_\_ \*cell phone \_\_\_\_\_

**\*\*PARENTS MUST BE ABLE TO BE CONTACTED WHILE YOUR CHILD IS IN OUR CARE\*\***

List those, OTHER THAN PARENTS, to whom your child may be released:

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### EMERGENCY CONTACT

Person to call in an emergency, when parents cannot be reached. Your emergency contact must be able to pick your child up for you **within thirty minutes**.

**Registration forms will NOT be accepted without an emergency contact listed.**

### PARENTS CANNOT BE LISTED AS EMERGENCY CONTACTS

Name \_\_\_\_\_ cell phone \_\_\_\_\_

Home address \_\_\_\_\_

Place of employment \_\_\_\_\_ work phone \_\_\_\_\_

Business address \_\_\_\_\_

### ADDITIONAL CHILDREN IN HOME:

name \_\_\_\_\_ age \_\_\_\_\_ school \_\_\_\_\_

name \_\_\_\_\_ age \_\_\_\_\_ school \_\_\_\_\_

name \_\_\_\_\_ age \_\_\_\_\_ school \_\_\_\_\_

### PERMISSIONS / RELEASE

1. I hereby authorize St. Ann E-Care staff to act on my behalf in seeking and approving emergency medical treatment.
2. I have received and read a copy of the licensing requirements provided by the Department of Education and St. Ann E-Care policies and procedures.
3. I have completed the application and emergency records are up to date.
4. My child's health records are in the school office.
5. I release St. Ann from all liabilities of all sponsored activities of the program.
6. I have received a copy of my rights as a client, and I am familiar with the grievance process.

**PARENTAL SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

## Child's Health History 2022-2023

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Tell us if your child has **ANY** medical issues that we need to be aware of while caring for your child. All information is confidential, so please answer all questions as thoroughly as possible. This information will be beneficial in the event that we are unable to reach you quickly during health concerns.

1. Is your child on **ANY** medication? If so, what and why? \_\_\_\_\_

\_\_\_\_\_

2. List **ALL** allergies: \_\_\_\_\_

\_\_\_\_\_

3. If your child is allergic to bee/insect stings, what kind of a reaction is it?

\_\_\_\_\_

\_\_\_\_\_

4. Does your child have a seizure condition? If so, what should we expect before, during, and after the seizure?

\_\_\_\_\_

\_\_\_\_\_

5. Does your child have severe headaches/migraines? If so, how frequently do they occur and how do you alleviate the pain? \_\_\_\_\_

\_\_\_\_\_

6. Does your child have ANY form of asthma and, if so, does he/she use/carry an inhaler?

\_\_\_\_\_

7. Are there any restrictions to physical activities? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

## Childs Health History 2022-2023

Child's physician \_\_\_\_\_ Phone number \_\_\_\_\_

Physician's address \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_

Policy# \_\_\_\_\_

**Emergency Numbers:** Mom \_\_\_\_\_ Dad \_\_\_\_\_

1. I hereby authorize E-Care staff to act on my behalf in seeking and approving emergency medical treatment.
2. I give my permission for E-Care staff to clean wounds with hydrogen peroxide, to apply Neosporin to cuts/scratches, and apply topical Benadryl to bug bites and rashes.

Exceptions/Comments:

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**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please list **any** information that you feel would be beneficial in helping us care for your child (Any fears or phobias, has to wear glasses, needs bathroom reminders, dealing with family problems, illnesses, etc.).

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**ST. ANN E-CARE  
2022-2023**

**ENROLLMENT STATUS I AM SELECTING FOR MY CHILD**

**PLEASE CIRCLE YOUR CHOICE**

**FULL TIME ENROLLMENT OR DROP IN ENROLLMENT**

**PAYMENT AGREEMENT**

I understand that I am obligated to pay every month if full time or every day of attendance if Drop In. I accept the payment policies and agree that nonpayment of fees is grounds for removal from the program.

Child's name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

St. Ann E-Care  
2022-2023  
**Pain Reliever Authorization**

In the event that your child needs a pain reliever for a headache, earache, etc., we can give Tylenol, or Advil with written authorization from a parent, without calling you at work. We will inform you at pickup if we have medicated your child. We do request that you provide us with a bottle of the pain reliever (labeled with your child's name) that your child uses if your child needs it frequently.

I authorize St. Ann E-Care staff to give my child Tylenol, or Advil, for a headache, earache, etc.

- a. YES
- b. Yes, but with phone call beforehand
- c. NO

Child's name \_\_\_\_\_

Parent's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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**E-mail**

List the email address you would like us to use for sending monthly newsletters, registration forms, reminders, announcements of closure, etc. If your emergency contact person will pick your child up if we close early due to inclement weather, power outage, etc., please list their e-mail address, also.

Name \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

St. Ann E-Care  
2022-2023  
**Acknowledgment Form**

To complete your child's registration, you must READ the St. Ann E-Care Handbook. Discuss all information pertaining to your child with your child so that he/she has a clear understanding of all of our rules and his/her responsibilities.

**This form must be signed and returned BEFORE the first day of school to complete your child's registration.**

I have read the St. Ann E-Care Handbook and have discussed it with my child.

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**THANK YOU FOR SELECTING ST.ANN CATHOLIC SCHOOL AND ST. ANN E-CARE  
TO CARE FOR YOUR CHILD.**