

ST. ANN E-CARE 2026 - 2027

BEFORE AND AFTER SCHOOL CARE

St. Ann E-Care is a before and after school program that has been caring for St. Ann School students since 1987. 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 open on most half days, except for Middle school exams, with no extra charge for full time students. For school holidays we may be open if we have 20 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

The Early registration fee is \$200 per child March 2ND through March 27th. To register, you will access the Pre-Registration Form link, when you fill out the Pre-Registration Form, your registration \$200 fee will be posted to your FACTS account and as soon as your registration fee clears will be given the regular paper registration packet we need for the Department of Education.

The Regular registration fee is \$300 per child from April 1st through April 30th. You will access the Pre-Registration form link, fill out the Pre-Registration form, your \$300 registration fee will be added to your FACTS account. As soon as your registration fee clears, you will be given the regular paper registration packet we need for the Department of Education.

April 30th through July 24th, you will complete the regular paper registration packet and your FACTS account will be billed the \$400, full payment is required as soon as it posts to your FACTS account to be registered.

Registration forms will not be accepted if they have any missing information.

Registration fees are non-refundable

Partial payments are not accepted ever

PAYMENTS

All payments are made through your school FACTS account.

Full Time \$300 monthly, for ten months or \$3000 for the year.

Extra fee for holidays Additional \$30 per day for FULL TIME children.

Drop In \$10 per morning
 \$40 per afternoon
 \$60 for half days
 \$80 for holidays

THE DEADLINE TO REGISTER AND HAVE A GUARANTEED SPOT IS JULY 24th, 2026 AT 6:00

ST. ANN E-CARE REGISTRATION FOR 2026-2027

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

Child's Full Name _____ Date Submitted to E-Care _____

What name does your child go by? _____

Male _____ Female _____

Your child's date of birth _____

CIRCLE the grade your child WILL be in for the school year of 2026-2027
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 _____

Mother's Name _____

Mother's address _____

City _____ zip code _____

Place of employment _____

Business address _____ work hours _____

*Work phone _____ *cell phone _____

Father's Name _____

Father's address _____

City _____ zip code _____ home phone _____

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:

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 _____ home phone _____

Place of employment _____ work phone _____

Business address _____

ADDITIONAL CHILDREN IN HOME:

name _____ age _____ school _____

name _____ age _____ school _____

name _____ age _____ school _____

PERMISSIONS / RELEASE 2025-2026

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 a copy of the licensing requirements provided by the Tennessee Department of Education
3. I have completed the application and emergency records are up to date.
4. I have included a copy of my child's Tennessee shot records with this application. This is required for the Department of Education
5. I release St. Ann from all liabilities of all sponsored activities of the program.
6. I have received a copy of the handbook and I am familiar with the grievance process.

PARENTAL SIGNATURE _____

Date _____

2026-2027
Child's Health History

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 medication do they take and why?

2. List ALL allergies _____

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

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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.

8. Please list any information that you feel would be beneficial in helping us care for your child (any fears, wears glasses all the time, needs bathroom reminders) etc.

Child's Health History 2026 - 2027
This information is mandatory for our licensing agency,
The Tennessee Department of Education

DO NOT LEAVE ANYTHING BLANK

Child's Name _____

Child's Physician _____ Phone number _____

Physician's address _____

Medical Insurance Company _____

Address _____

Policy# _____

Emergency Numbers: Mom _____ Dad _____

Emergency Contact name and phone number _____

I certify that a COPY of my child's Health/ Shot Record is attached to this Registration packet.

Parental signature _____

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, and apply Neosporin and bandages to cuts/scratches and apply topical Benadryl/or Cortisone cream to bug bites and rashes. Give Luden's cherry throat drops for cough and sore throat and Children's Tums or Pepto Bismal tablets for upset tummies.

Exceptions/Comments: _____

Parental Signature _____ **Date** _____

ST. ANN E-CARE 2026 - 2027
PAYMENT CONTRACT

_____ I AM SELECTING FULL TIME ENROLLMENT FOR MY CHILD.
(\$300 a month for 10 months, for a total of \$3000)

OR

_____ I AM SELECTING DROP IN ENROLLMENT FOR MY CHILD.
(\$10 each morning, \$40 each afternoon, \$60 each half day, \$80 each full day)

I agree to pay the Registration fee as soon as it posts to my FACTS account. Your child will not be registered if the registration payment is not received when posted to your FACTS account

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

A \$50 late payment fee will be automatically added to your FACTS account if payment is not received by the end of the month.

Late pick up fees will also be added to your FACTS account. These fees are \$1 per minute, per child and increase by \$1 for each subsequent late pick-up.

I give permission for my child to be photographed for an emergency I.D. card, which will be kept in E-Care.

I understand that I cannot change my child's enrollment status once registration is completed.

Child's Name _____

Parent's Signature _____

Date _____

All information must be legible and completely filled out. Please keep in mind that this information is important for your child's safety. It is also MANDATORY for the Tennessee Department of Education, they inspect EVERY document, EVERY year.

St. Ann E-Care 2026-2027
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 _____

Parental Signature _____ Date _____

2026-2027 E mail addresses

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.

Child's name _____

Mom's Name _____

Mom's Email _____

Dad's Name _____

Dad's Email _____

Optional email for emergency contact or anyone's you would like us to have

Name _____ Relation _____

Email _____