

ST. ANN E-CARE BEFORE AND AFTER SCHOOL CARE 2023-2024

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 are always open on half day, 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 \$50 per child during the month of March 2023 only. COMPLETED registration packets must be received by March 31st to qualify for the discount. Registration forms will not be accepted if ANY information is left blank, or there is a balance on your account. Once your application packet is accepted by E-Care staff, your registration fee will be added to your FACTS account and is due as soon as it posts to your account.

REGULAR REGISTRATION FEE

The Registration fee is \$100 per child April 1st through May 26th 2023.

The registration fee after May 26th, 2023 is \$200 per child, if space is available.

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 MAY 26TH, 2023

TO REGISTER, DOWNLOAD FORMS FROM THE SCHOOL WEB SITE, PRINT THEM OFF SEPARATELY ON ONE SIDE ONLY, FILL THEM OUT COMPLETELY AND TURN THEM IN TO E-CARE OR THE SCHOOL OFFICE.

PLEASE DO NOT E-MAIL YOUR FORMS TO E-CARE. WE CAN NOT PRINT OUT EVERYONE'S FORMS

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

ST. ANN E-CARE REGISTRATION FOR 2023-2024

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 2023-2024
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 _____ 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

- 2023.** I hereby authorize St. Ann E-Care staff to act on my behalf in seeking and approving emergency medical treatment.
- I have **received and read** a copy of the licensing requirements provided by the Department of Education and the St. Ann E-Care Handbook
 - I have completed the application and emergency records are up to date.
 - My child's health records are in the school office.
 - I release St. Ann from all liabilities of all sponsored activities of the program.
 - I have received a copy of my rights as a client, and I am familiar with the grievance process.

PARENTAL SIGNATURE _____ **Date** _____

2023-2024
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 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. _____

8. Please list any information that you feel would be beneficial in helping us care for your child (any fears/phobias, must wear glasses all the time, overheats easily because of medicine, etc.).

**This information is mandatory for our licensing agency,
The Tennessee Department of Education**

2023-2024

Child's Health History

Child's Name _____

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: _____

Parental Signature _____ **Date** _____

ST. ANN E-CARE 2023-2024

PAYMENT AGREEMENT

- I AM SELECTING FULL TIME ENROLLMENT FOR MY CHILD.
- OR**
- I AM SELECTING DROP IN ENROLLMENT FOR MY CHILD.

PLEASE CIRCLE YOUR CHOICE

I agree to pay the Registration fee as soon as it posts to your FACTS account.

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.

A \$25 late payment fee will be 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-ups.

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

Child's Name _____

Parent's Signature _____

Date _____

**St. Ann E-Care
2023-2024
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 _____

**2023-2024
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 2023-2024 ACKNOWLEDGEMENT

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

Child's Name _____

Parental Signature _____ Date _____

ALL INFORMATION MUST BE COMPLETELY FILLED OUT EVERY YEAR, WE CAN NOT GO BACK AND FILL IN MISSING INFORMATION. PLEASE KEEP IN MIND THAT THIS INFORMATION IS IMPORTANT FOR YOUR CHILD'S SAKE