



# Extended Day

## 2019-2020

### Registration Form

Annunciation Catholic School  
1610 Blanding Boulevard  
Middleburg, FL 32068

[www.annunciationcatholic.org](http://www.annunciationcatholic.org)

(904) 282-0504

**All Full School Year Selections will be billed to your FACTS account according to your selections below.**

**PRINT ALL INFORMATION**

**Make Selections with X in  box(es) below:**

**Kindergarten through Grade 8 Only**

- Full Year: K-8 Morning only (7:00-7:15a.m.)
- Full Year: K-8 Afternoon only (3:15-5:55p.m.)
- Full Year: K-8 Morning and Afternoon
- Occasional: Mornings
- Occasional: Afternoons

**Afternoon charges begin promptly at 3:15.**

**Pre-Kindergarten Only**

- Full Year: PK Morning only (7:00-7:15a.m.)
- Full Year: PK Midday only (10:45a.m.-3:00p.m.)
- Full Year: PK Afternoon only (10:45a.m.-5:55p.m.)
- Full Year: PK Morning and Midday
- Full Year: PK Morning and Afternoon
- Occasional: Morning
- Occasional: Midday and/or Afternoon

Child	19-20 Grade	Child	19-20 Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child lives with:  Both Parents  Mother  Father  Other

_____	_____	_____	_____
Parent/Guardian Name	Cell Phone	Home Phone	Work Phone

_____	_____	_____	_____
Parent/Guardian Name	Cell Phone	Home Phone	Work Phone

Persons to be notified **AND** authorized to pick up child(ren) in case Extended Day staff is unable to reach parent/guardian:

Name: _____	Phone: _____	Relationship to child: _____
Name: _____	Phone: _____	Relationship to child: _____
Name: _____	Phone: _____	Relationship to child: _____
Name: _____	Phone: _____	Relationship to child: _____

Please list any ALERTS by child (conditions, disabilities, or allergies) that would be helpful for Extended Day personnel to know.

\_\_\_\_\_  
\_\_\_\_\_

Extended Day personnel has my permission to call for emergency medical assistance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date