



Faith-Family-Future

4255 Cottage Hill Road

Mobile, Alabama 36609

(251) 660-2427 phone ~ (251) 660-0558 fax

# 2019-2020 K2-8<sup>th</sup> Grade EXTENDED CARE Enrollment

Student's Name \_\_\_\_\_  
*First Middle Last*

First name Used \_\_\_\_\_ Gender: M F Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

## CONTACT INFORMATION

MOTHER's/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
*First Last*

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

Work Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

FATHER's/Guardian's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
*First Last*

Cell Number \_\_\_\_\_ Home Number \_\_\_\_\_

Work Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

## CUSTODY INFORMATION

Student lives with: (✓ all that apply) (✓ all that apply)

- |                                 |                                     |                                   |   |  |
|---------------------------------|-------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Guardian | <input type="checkbox"/> Father is deceased | <input type="checkbox"/> Parents are divorced  |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Stepmother | <input type="checkbox"/> other    | <input type="checkbox"/> Mother is deceased | <input type="checkbox"/> Parents are separated |

FULL TIME *Extended Care* is available for a monthly fee of \$180. Full Time enrollment includes unlimited access to morning and afternoon care on regularly scheduled school days. PART TIME *Extended Care* is available on an as needed basis with a morning *Extended Care* fee of \$5 and afternoon *Extended Care* fee of \$10 for each day attended.

**It is important that you be on time in picking your child up from Extended Care. The LATE FEE for students being picked up after 6:00 is \$10 from 6:01-6:10 p.m. and \$1 per minute after the initial \$10 LATE FEE. The LATE FEE will be added to your bill.**

All payments are to have the **STUDENT'S FIRST AND LAST NAME** and **EXTENDED CARE** written in the memo portion of your check or on the outside of your payment envelop. All payments are due on the first day of each month.

I understand the above information and agree to pay the designated amount listed for the care of my children.

**-CHECK ONE-**

Full Time (\$180 per month)

Part Time (\$5 per morning and \$10 per afternoon)

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