Note: All families must complete this form.

St. Agnes School — Extended Day Program

***Registration and Emergency Form,* 2021-2022 School Year**

Start Date: _____ , 2021

Extended Day Policy

1. **All students Pre-K - 8th in the school,** whether attending Extended Day or not, **must be registered**.
2. The rates are for students registered in Saint Agnes' Extended Day program for the sessions indicated.
3. Parents are expected to pay their Extended Day fees with tuition through the FACTS tuition management system.
4. Students may attend for less than the full year. Contact the parish office for rates.
5. Drop-in is available for parents at $10.00 per hour.
6. Parents will be charged for a full hour if the student stays 15 minutes or more into the hour.
7. **Drop in usage will be billed through FACTS tuition management system.** Extended Day staff will *not* collect fees. Drop-in attendance for more than ten (10) days in a month will result in a charge of the full month's fee, non-discountable.
8. A discounted rate schedule is shown below for more than one child.
9. Extended day services may be used without notice in the event of emergencies.

STUDENT INFORMATION

Name	Date of Birth	Grade
Address		

REGISTRATION **Please indicate session(s) child will attend:**

				Fee (annual)		
				1 child	**2 children**	**3 children**
	EXTENDED DAY					
☐	**Both Afternoon & Morning**	Pre-K – 8		4,400.00	7,600.00	10,800.00
☐	**Morning ONLY**	Pre-K – 8		1,000.00	1,800.00	2,600.00
☐	**Afternoon ONLY**	Pre-K – 8		3,400.00	5,800.00	8,200.00
☐	**Drop-in per child**	Pre-K – 8	As needed (Billed through FACTS)	$10.00 per hour per child		

* Note: Release time – 6:00 PM

• • • Late Fee after 6:00 PM $1.00 per minute • • •

PARENT/GUARDIAN INFORMATION

Father's Name:	**Father's Work Phone:**
Place of Employment:	**Cell Phone:**
Mother's Name:	**Mother's Work Phone:**
Place of Employment:	**Cell Phone:**
Home Address:	**Home Phone:**
(If different from above)	

Both sides of this form must be completed, and the form must be signed and dated.

EMERGENCY INFORMATION FORM

Friend or relative (local) to be contacted when neither parent can be reached. (Used in case of emergency or when child has not been picked up within two hours after early school closing due to inclement weather.)

Name, address and relationship to child

Phone:

Name of persons authorized to pick up child

NOTE: All persons not familiar to Extended Day personnel will be asked to furnish proof of identity. Their name must appear on the above list. Children will not be released to a taxi service.

Name of persons not authorized to pick up child

Allergies/Special Instructions: (Licensing requires that a copy of your child's health form be submitted to the Extended Day Program)

Previous schools

Please list the *name* and *location* of all previous schools, pre-schools, and childcare centers attended by your child. (This is a Virginia state licensing requirement.)

Name	City	State

The parent(s)/guardian agree that, when notified of my child's illness while at the St. Agnes Extended Day Program, I will arrange to have him/her picked up as soon as possible.

The parent(s)/guardian is responsible for payment of medical care expenses.

Child's physician or clinic attended:

Physician or clinic telephone number:

Physician or clinic address:

The parent(s)/guardian authorizes the St. Agnes Extended Day Program representative to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

Date **Signature of Parent(s)/Guardian**

This form is kept by St. Agnes Extended Day and is to be taken to the doctor or treatment facility in case of emergency.