Note: All families must complete this form.

Registration and Emergency Form, 2025-2026 School Year			
Start Date:	, 2025		
Extended Day Policy			
1. All students Pre-K - 8 th in the school, whether attending Extended Day or not, must be registered .	6. Parents will be charged for a full Extended Day Session at the moment the student is dropped in.		
2. The rates are for students registered in Saint Agnes'	7. Drop in usage will be billed through FACTS		
Extended Day program for the sessions indicated.Parents are expected to pay their Extended Day fees with tuition through the FACTS tuition management	tuition management system. Extended Day staff will <i>not</i> collect fees. Drop-in attendance will result in a full charge for each session separately.8. A discounted rate schedule is shown below for more		
system. 4. Students may attend for less than the full year.	than one child.		
Contact the parish office for rates. 5. Change or cancelation in Year Contract will result in	9. Extended day services may be used without notice in the event of emergencies.		
monthly rate charge.	10. <u>Drop in option will be automatically applied if no other option is chosen.</u>		
STUDENTI	NEORMATION		

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		From 3:15PM to 6PM			
Year Contract	Pre-K – 8	Billed through FACTS	3,400.00	5,800.00	8,200.00
Monthly	Pre-K - 8	Billed through FACTS	450.00	750.00	1,050.00
Lion Package - 10	Pre-K – 8	To be used during the			
Extended Days		year (non-refundable)	350.00		
Drop-in per child	Pre-K – 8	As needed (Billed	50.00 per	40.00 2 nd	35.00 3 rd
		through FACTS)	Extended Day	child	child

^{*} Note: Release time - 6:00 PM. YEARLY CONTRACT AVAILABLE UP TO SEPTEMBER 30th, 2025, AFTER THAT ONLY MONTHLY OR LION PACKAGE..

• • • Late Fee after 6:00 PM \$5.00 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 D identity. Their name must appear on the above list	• •	-	
Name of persons not aut	thorized to pick up child		
Allergies/Special Instructions: (Licensing requsubmitted to the Extended Day Program)	nires that a copy of your child's he	alth form be	
Previous Please list the <i>name</i> and <i>location</i> of all previous attended by your child. (This is a Virginia state li	ous schools, pre-schools, and child	care centers	
The parent(s)/guardian agree that, when notifie Extended Day Program, I will arrange to have him			
The parent(s)/guardian is responsible for paymen Child's physician or clinic attended: Physician or clinic telephone number: Physician or clinic address:	nt of medical care expenses.		
The parent(s)/guardian authorizes the St. Agnes Extended care and consents to the hospitalization of, the performance and/or the administration of drugs to, his/her child or war immediately. It is also understood that this agreement covonly when he/she cannot be reached. Otherwise he/she exp	e of necessary diagnostic tests upon, the use rd if an emergency occurs when he/she car vers only those situations which are true er	e of surgery on, nnot be located	
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.