

Note: All families must complete this form.

**St. Agnes School — Extended Day Program
Registration and Emergency Form**

Start Date: _____, 2009

Extended Day Policy

1. All students Pre-K - 8th in the school, whether attending Extended Day or not, must be registered.
2. The Extended Day registration fee is now included in the school registration fee.
3. The rates are for students registered in Saint Agnes' Extended Day program for the sessions indicated.
4. Parents are expected to pay their Extended Day fees with tuition through the tuition collection program which the school uses.
5. Students may attend for less than the full year. Contact the parish office for rates.
6. Drop-in is available for parents at \$8.00 per hour. Payment must be through coupons available for purchase only through the parish office. Coupons may be used only for drop-in purposes. 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.
7. A discounted rate schedule is shown below for more than one child. Discounts do not apply to coupons.
8. Drop-in payment must be made through the purchase of coupons which are available only at the parish office during regularly scheduled hours. Extended Day staff will *not* collect Extended Day fees.
9. Extended day services may be used without notice in the event of emergencies. Payment must be made at the parish office as soon as feasible.

To enroll your child(ren) in the Extended Day Program, please complete and return this form. **Children not registered cannot be accepted into the program.** Both sides of this form must be completed and the form must be signed and dated. Fees are billed in advance monthly through the tuition collection service. The parish office will handle drop-in coupon purchase and billing questions.

STUDENT INFORMATION

Name	Date of Birth	Grade
Address		

REGISTRATION

Please indicate session(s) child will attend:

				Fee (annual)		
				1 child	2 children	3 children
<input type="checkbox"/>	After Care	Pre-K	12:00 - 3:00 p.m., M-F	3,200.00		
<input type="checkbox"/>	After Care	Pre-K	12:00 - 3:00 p.m.	\$20.00 per day		
<input type="checkbox"/>	Morning Session	K-8	7:00 – 8:00 a.m., M-F	880.00	1,650.00	2,470.00
<input type="checkbox"/>	Afternoon Session	Pre-K – 8	3:00 - 6:00 p.m., M-F	2,680.00	4,840.00	7,210.00
<input type="checkbox"/>	Afternoon Session	Pre-K – 8	1 day per week	670.00	1,240.00	1,750.00
<input type="checkbox"/>	Afternoon Session	Pre-K – 8	2 days per week	1,340.00	2,370.00	3,400.00
<input type="checkbox"/>	Early Release ONLY	K-8	11:30 a.m. - 3:00 p.m.	105.00	210.00	310.00
<input type="checkbox"/>	Drop-in per child	Pre-K – 8	Coupon payment only!	\$8.00 per hour		

••• Late Fee after 6:00 p.m. \$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)	

(over)

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 child care 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.

(over)