



# 2024-2025 School Year Extended Day Registration

Classroom Location is in the I – Building (I-102) located at 6148 S. Mason Ave.

## Hours of Operation

Morning: 6:30am – 7:45am  
After School: Dismissal – 6pm

## Registration Information

A \$50 Family Registration fee (non-refundable) is due with this application. Cash or check is accepted. Please make checks payable to “St. Symphorosa School”. Registration fee can be added to your FACTS account per request.

## Rate Information

The current rate is \$6.50 per hour for one child, \$11.00 per hour for 2 or more children. All charges are billed on the 15-minute mark for time used. *SPECIAL NOTE: THERE IS A LATE PICK-UP CHARGE AT \$1.00 PER MINUTE FOR EVERY MINUTE AFTER 6PM.*

**Billing Options (choose one):**     Paper Invoice     FACTS Invoice

Invoices will be sent out once a month with a due date at least 10 days later. An email informing families that invoices will be available is sent a day prior.

## Student Information

Student(s) Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Student #1: \_\_\_\_\_ Grade: Room #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medicines: \_\_\_\_\_

Student #2: \_\_\_\_\_ Grade: Room #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medicines: \_\_\_\_\_

Student #3: \_\_\_\_\_ Grade: Room #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medicines: \_\_\_\_\_

## Parent Information

Primary Contact Name (Last, First): \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Secondary Contact Number: \_\_\_\_\_

Primary Contact Name (Last, First): \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Secondary Contact Number: \_\_\_\_\_

## Emergency Contact / Authorized Pick-Up Information

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL CARE**

I authorize the staff of St. Symphorosa School (including the before and after care program employees) to care and secure emergency medical care for my child(ren) while in their care when I cannot be reached immediately at the time of the incident/emergency. I will be responsible for the emergency medical charges upon the receipt of the statement. First-aid may be administered by qualified program staff.

**EXTENDED DAY PROGRAM TRANSPORTATION RELEASE**

I/we authorize St. Symphorosa School- Extended Day Employees to walk my/our children from the primary school building to any of the auxiliary buildings located on the Two Holy Martyrs Parish – St. Symphorosa Worship site grounds. Children will walk within the gated lot of the school and church buildings while supervised by trained employees of our school and/or extended day program.

**By signing below, I(we) agree that I(we) have read, understand, and agree to all the information given by me(us) and provided by St. Symphorosa School on this form. I agree to the Authorization for Medical Care and the Transportation Release found above.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian Printed Name

\_\_\_\_\_  
Parent or Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b>		
Date Registration Rcvd: _____	Paid: _____	Check #: _____