2026-2027 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 Family Registration fee (non-refundable) is due with this application. *Registration for a family with one child is $60; for a multiple child household is $75*. 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 $7 per hour for one child, $12.00 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 $5.00 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: _____ Birthdate: ___/___/___ Grade: _____ Room #:_____

Known Allergies: _____

Medicines: _____

Student #1: _____ Birthdate: ___/___/___ Grade: _____ Room #:_____

Known Allergies: _____

Medicines: _____

Student #1: _____ Birthdate: ___/___/___ Grade: _____ Room #:_____

Known Allergies: _____

Medicines: _____

Parent Information
Primary Contact Name (Last, First): _____ Email: _____

Primary Contact Number: _____ Secondary Contact Number: _____

Address (if different from above): _____

Secondary Contact Name (Last, First): _____ Email: _____

Primary Contact Number: _____ Secondary Contact Number: _____

Address (if different from above): _____

Emergency Contact / Authorized Pick-Up Information
Emergency Contact #1: _____ Relationship: _____

Primary Contact Number: _____

Emergency Contact #2: _____ 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

FOR OFFICE USE ONLY

Date Registration Rcvd: _____ Paid: _____ Check #: _____