

Part I of II: Extended Day Registration 2017-2018

This is a two page double-sided form. Please take care in filling it out completely and legibly. ***This is a mandatory form for all students and must be returned to the office prior to the first day of school.***

Please indicate your child's first date of enrollment: _____

***Child's Name:** _____ Nickname: _____

M ___ F ___ DOB: ____/____/____ Grade: _____ School Yr: _____

Home Address: _____ Home Ph: _____

***Parent(s) / Guardian(s):**

Mother's Name: _____ Cell Ph: _____

Home Address: _____ Home Ph: _____

Employer: _____ Work Ph: _____

Work Address: _____

Father's Name: _____ Cell Ph: _____

Home Address: _____ Home Ph: _____

Employer: _____ Work Ph: _____

Work Address: _____

***Person/Agency Having Legal Custody of Child: (Other than above)**

Name: _____ Phone: _____

Address: _____

Employer: _____ Work Ph: _____

Address: _____

***Emergency Information: Indicate any allergies, intolerance to food, medication or special needs**

Action that should be taken should child come in contact with allergen: _____

Physician's Name: _____ Phone: _____

Address: _____

Insurance Company: _____ Policy #: _____

***Emergency Contacts: (You must please list two for state compliance!)**

These people are authorized to pick up your child. They should be local. Please fill in completely.

1. Name: _____ Address: _____

Employer: _____ Address: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Relationship: _____

2. Name: _____ Address: _____

Employer: _____ Address: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

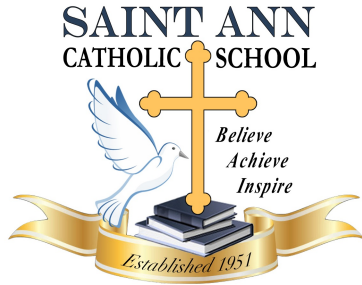
Relationship: _____

Please list any other things you would like us to know about your child: _____

***Please list any person/persons NOT Authorized to pick up your child. Please include a copy of any court order restricting visitation rights. This is kept confidential. All custodial parents have the right to be admitted to the center as required by 63.2-1813 of the Code of Virginia.**

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____



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***Agreements:**

1. The Parent/Guardian gives authorization for the child to participate in field trips to Lacey Woods Park and walk within three blocks of the school. Any other field trips will require a separate written form.
 _____ YES _____ NO
2. The Extended Day staff agrees to notify the Parent/Guardian whenever the child becomes ill or severely injured. The Parent/Guardian agrees to pick up the child as soon as possible after being notified.
3. The Parent/Guardian authorizes the Extended Day staff to obtain emergency medical care if the Parent/Guardian cannot be immediately located. Any objections must be submitted in writing.
4. The Parent/Guardian agrees to notify the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.
5. Written permission from the Parent/Guardian is required when a student is to be dismissed with another adult from the Extended Day Program. If an emergency arises, authorization for the child to leave the program with an adult other than those listed on this form may be given by the Parent/Guardian over the telephone. This request will be noted in the logbook and initialed by the Director and the Parent/Guardian as soon as possible.

(Note that the school's nearest hospital is Arlington Hospital, 1701 North George Mason Drive, Arlington, VA 22205)

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

***For Office Use Only:**

Date Child Entered: _____ Date Child Withdrew: _____

Reason for Withdrawal: _____

****Please Turn Over for Contract & Signature Portion***

Extended Day Full & PT Contract 2017-2018

*Child's Name: 1. _____ Grade: _____
2. _____ Grade: _____
3. _____ Grade: _____
4. _____ Grade: _____

*Contract for the Month of: _____

Please check your preference below:

_____ **Plan A:** (AM & PM to 5PM) _____ **Plan B:** (AM& PM to 6PM) _____ **Hourly Drop In**
_____ **FACTS/Yearly: Plan A** _____ **FACTS/Yearly: Plan B**
Include the total \$ amount that will be charged to FACTS

(This amount will be added to your FACTS account and deducted on a monthly basis Sept. through June.)

***Terms of Contract:**

Contract and fees are due by the first of each month.

*After a one-time notification, outstanding fees for one month may cause dismissal from the Extended Day Program. **Please pay year-end balances by the last day of school to avoid a \$50.00 late fee.***

A Late fee will be charged at \$4.00 per minute per child after 6:00 PM.

Improper behavior as described in the Saint Ann School Parent/Student Handbook may require detention, suspension or withdrawal from the program.

I have read and understand the terms of this contract.

*Parent Signature: _____ Date: _____

Office Use Only:

Amount Paid: _____ Check #: _____ Date Received: ____/____/____

Received by: _____