

EXTENDED DAY RATES 2025-2026

Rates for Families with Kindergarten-8th Grade Students Only			
	1 Child	2 Children	3+ Children
Plan A (End of School Day-4:00 pm)	\$2500/yr.	\$5400/yr.	\$7500/yr.
Plan B (End of School Day-5:00 pm)	\$3250/yr.	\$6300/yr.	\$8450/yr.
Plan C (End of School Day-6:00 pm)	\$4250/yr.	\$7400/yr.	\$9500/yr.
Plan D 1-3 Days/Week Only (End of School Day-6:00 pm)	\$2550/yr.	\$4440/yr.	\$5700/yr.
Rates for Families with Preschool Students Only			
Plan A (End of School Day-4:00 pm)	\$3400/yr.	\$6500/yr.	\$8600/yr.
Plan B (End of School Day-5:00 pm)	\$4250/yr.	\$7400/yr.	\$9500/yr.
Plan C (End of School Day-6:00 pm)	\$5300/yr.	\$8450/yr.	\$10,500/yr.
Plan D 1-3 Days/Week Only (End of School Day-6:00 pm)	\$3180/yr.	\$5070/yr.	\$6300/yr.
Rates for Families with Preschool and Kindergarten-8th Grade Students			
Plan A (End of School Day-4:00 pm)	----	\$5900/yr.	\$8100/yr.
Plan B (End of School Day-5:00 pm)	-----	\$6850/yr.	\$9000/yr.
Plan C (End of School Day-6:00 pm)	----	\$7950/yr.	\$10,000/yr.
Plan D 1-3 Days/Week Only (End of School Day-6:00 pm)	-----	\$4770/yr.	\$6000/yr.
Plan D: Choose up to 3 days per week and 1 pick-up time. The days/time of pick-up must be the same each week (no variations).			

***Drop-in options are not available.**

Payment Options

Plan A, B, C, or D – Invoiced Sept.-June/Families must pay by FACTS*

***Please select the monthly invoice option within FACTS**

Terms of Contract

1. There is an annual, one time registration fee of \$30.00 per family to cover the cost of our electronic attendance program.
2. Payment for usage is due each month upon receipt of the invoice. Invoices will be sent on approximately the 5th of each month via email.
3. After a one-time notification, a late fee of \$25.00 will be assessed for outstanding fees for one month. A continued non-payment of fees may be cause for dismissal from the Extended Day program.
4. After 6:00 pm, a late charge of \$5.00 a minute per child is applicable.
5. Improper behavior as described in the Saint Ann Catholic School Parent/Student Handbook may be cause for dismissal from the Extended Day program.
6. **In the event of inclement weather or other emergency closing, Extended Day hours are affected as outlined in the Parent/Student Handbook.**

Extended Day Contract 2025-2026

Students in grades Pre-K 3 Full Day through eighth grade, who use Extended Day services, are required to complete and submit an Extended Day Registration Form, including the contract. Registration ensures that proper supervision is provided. To help us better serve you and make necessary preparations, the registration due date is August 1, 2025.

Name of Child(ren)

Grade

1. _____
2. _____
3. _____
4. _____

Plan of Use

Please use the rate guidelines on the previous page to choose a Plan of Use and mark the appropriate line.

Plan A (End of day-4:00 pm) _____

Plan B (End of day-5:00 pm) _____

Plan C (End of day-6:00 pm) _____

Plan D 1-3 Days/Week Only
(End of School Day-6:00 pm) _____

Circle up to 3 days for Plan D only and designate a pick-up time:

Monday Tuesday Wednesday Thursday Friday Pick-up time _____

Payment

- All extended day fees will be collected through FACTS

Registration Fee

\$30.00 annual, one-time fee per family – Please see Terms of Contract.

Pay by: FACTS

I have read and agree to the terms of this contract (see reverse page).

****Parent Signature:** _____ **Date:** _____



Part I of III: Extended Day Registration 2025-2026

This is a two page double-sided form. Please take care in filling it out completely and legibly. **DO NOT** leave any spaces blank. Write N/A if Something is not applicable. ***This is a mandatory form for all students wishing to attend Extended Day and must be returned to the office by August 1, 2025.***

Please indicate your child's first day they will go to extended this year:

***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: _____

E-mail address: _____

Employer: _____ Work Ph: _____

Work Address: _____

Father's Name: _____ Cell Ph: _____

Home Address: _____ Home Ph: _____

E-mail address: _____

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 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: _____ Page



Part II : Extended Day Registration 2025-2026

*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.

(The school's nearest hospital is Virginia Hospital Center, 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: _____

* Contract must be completed and signed by all families intending to use Extended Day services and returned to the office along with your Extended Day Registration form by August 1, 2025.



Part III: Extended Day Registration **2025-2026**

Please list **any and all persons** who are authorized to pick up your child from extended day. Please list all names as they appear on the individual's ID card. To add anyone to this list after your paperwork has been submitted please email extendedday@stann.org.

1. Name: _____ Relationship: _____
Phone number: _____
2. Name: _____ Relationship: _____
Phone number: _____
3. Name: _____ Relationship: _____
Phone number: _____
4. Name: _____ Relationship: _____
Phone number: _____
5. Name: _____ Relationship: _____
Phone number: _____
6. Name: _____ Relationship: _____
Phone number: _____
7. Name: _____ Relationship: _____
Phone number: _____
8. Name: _____ Relationship: _____
Phone number: _____
9. Name: _____ Relationship: _____
Phone number: _____