



ST. GREGORY
THE GREAT
CATHOLIC SCHOOL

EXTENDED DAYCARE AGREEMENT FORM
2024-2025

Family Name _____ Date _____

1st Child Name _____ Grade _____

2nd Child Name _____ Grade _____

3rd Child Name _____ Grade _____

I/We have read, understand, and agree to comply with the policies and procedures published in the St. Gregory the Great Catholic School Extended Daycare Handbook. I give permission for my child/ren to be released to persons named below and authorize said persons to sign out my child/ren from Extended Daycare. I understand that I must give written (email preferred) authorization for my child to be released to a party NOT designated on this form.

All designees will be required to provide a picture ID before the child will be released to them.

Name of authorized adult(s): _____

Mother's Cellphone _____ Mother's Work _____

Father's Cellphone _____ Father's Work _____

Parent Signature _____ Date _____

Please sign and return this form to the school office, along with the \$60.00 registration fee

Charge my FACTS incidental billing account _____

(Signature)

Monthly charges will be posted to your FACTS Incidental Expenses Account

OFFICE USE ONLY—PAID \$60.00 REGISTRATION FEE

Date _____

☐ FACTS Account

☐ Check # _____