



**ST. GREGORY
THE GREAT**
CATHOLIC SCHOOL

**EXTENDED DAYCARE AGREEMENT FORM
2025-2026**

Family/Student Information

Family Name: _____

Student 1 Name: _____

Student 2 Name: _____

Student 3 Name: _____

Student 4 Name: _____

Mother Full Name: _____ Mother Cell Phone: _____

Father Full Name: _____ Father Cell Phone: _____

Authorized Pick Up

Adults Authorized for Pick Up (please list): _____

Parent Authorization (please initial and sign below)

_____ 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 student(s) to be released to persons named above and authorize said persons to sign out my student(s) 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.

_____ I acknowledge that all designees will be required to provide a picture ID before student(s) are released.

_____ I acknowledge that my FACTS account will be charged a \$60.00 registration fee, and I will be billed monthly in my FACTS Incident Expenses account for extended care services.

Parent Signature _____ Date _____

Please sign and return this form to the school office.

OFFICE USE ONLY-PAID \$60.00 REGISTRATION FEE

Date _____

☐ FACTS Account