



**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: \_\_\_\_\_

**Emergency Contact Information**

If the parents listed above cannot be reached, please provide an emergency contact:

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Authorized Pick Up**

I give permission for my student(s) to be released to persons named below and authorize said persons to sign out my student(s) from Extended Daycare. I understand that I must give written (email) authorization for my student to be released to a party NOT designated on this form and that ID will be required.

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Parent Authorizations** *(Please initial each statement)*

**Emergency Medical Authorization**

**Initial** \_\_\_\_\_

In the event of an accident, injury, illness, or medical emergency involving my child while participating in the Extended Care Program, I authorize St. Gregory the Great Catholic School personnel to administer reasonable first aid and secure emergency medical treatment if deemed necessary. I understand that every reasonable effort will be made to contact a parent/guardian or emergency contact. If I cannot be reached, I authorize the school to contact emergency medical services (911) and obtain medical care for my child as deemed necessary by emergency responders or licensed medical professionals. I understand that I am responsible for any medical expenses incurred.

**Liability Acknowledgment and Release**

**Initial:** \_\_\_\_\_

I understand that participation in the Extended Care Program includes indoor and outdoor recreation, homework assistance, organized activities, and other supervised school-related activities that involve inherent risks of injury. In consideration for my child's participation in the program, I agree to release, indemnify, and hold harmless St. Gregory the Great Catholic School, St. Gregory the Great Parish, the Diocese of San Diego, and their employees, volunteers, and agents from any claims, liabilities, damages, losses, or expenses arising from my child's participation in the Extended Care Program, except in cases of gross negligence or willful misconduct.

**Behavior Expectations**

**Initial:** \_\_\_\_\_

I understand that students participating in Extended Care are expected to follow all school rules and behavioral expectations. Respectful behavior toward staff and peers, compliance with directions, and appropriate participation in activities are required at all times.

**Extended Care Discipline Policy**

**Initial:** \_\_\_\_\_

I understand that behavior incidents may be documented and communicated to parents/guardians. Students who receive three (3) documented behavior infractions or referrals during the school year may lose the privilege of participating in the Extended Care Program, either temporarily or permanently, at the discretion of the administration. The school reserves the right to immediately suspend or dismiss a student from the Extended Care Program for serious misconduct, unsafe behavior, bullying, harassment, physical aggression, repeated defiance, or any behavior that compromises the safety or well-being of students or staff.

**Extended Care Billing**

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.

**Initial:** \_\_\_\_\_

**Parent/Guardian Agreement**

By signing below, I acknowledge that I have read, understand, and agree to comply with the policies and procedures outlined in the St. Gregory the Great Catholic School Extended Care Agreement Form. I certify that all information provided is accurate and complete.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY-PAID \$60.00 REGISTRATION FEE</b>		
Date _____	<input type="checkbox"/> FACTS Account	_____