

2025/2026 SJA Extended Day Registration
(only need to be filled out if you did not register when you enrolled for the 25-26 school year)

Student(s)Name(s)_____

Homeroom(s)_____

Parent(s)Name_____

Address_____

Email address for Billing
Notifications_____

Father's Employer_____

Work Phone_____ Cell Phone_____

Mother's Employer_____

Work Phone_____ Cell Phone_____

Please list the name of an adult, besides the parent(s)/guardian(s), who is allowed to pick up your child(ren). A picture I.D. may be required if we are not familiar with them this is for your child's safety.

1._____ Phone_____

2._____ Phone_____

3._____ Phone_____

Is there any additional information you would like us to know about your child(ren)? (allergies, likes/dislikes, etc.)

PLEASE CHECK YOUR PLANNED USE OF THE PROGRAM

AM Extended Day: (PS) 7:30-8:00 AM _____ (AM is Preschool only)

PM Extended Day: (PS) 2:30-6:00 PM _____

PM Extended Day: (K-8) 3:00-6:00 PM _____

Anticipated Drop-off Time: _____

Anticipated Pick-up Time: _____

AM Days: Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____

PM Days: Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____

PERMISSION TO WATCH PG-RATED MOVIES:

At times throughout the school year we will view G or PG movies in the Extended Day Program. District regulations require us to have parental permission to show any movies above a G rating. Please sign below to allow your child to watch a PG rated movie while in Extended Day during the **2025 - 2026** school year.

_____ Permission Granted

_____ Permission **NOT** Granted

Child(ren)'s name: _____

Parent Signature: _____ **Date:** _____

FINANCIAL RESPONSIBILITY: (please initial each section and sign/date at the bottom)

_____ I authorize payment of my Extended Day charges through the Facts auto-withdrawal program. I will make payments if auto-withdrawal is not set up.

_____ I understand that if the balance for my child's Extended Day usage is not paid in full by the invoice due date, my child will not be able to use the program until payment is made.

_____ I understand that in order to use the morning Extended Day program, I have to be registered for the morning extended day program in advance.

_____ I understand that if I enroll in the morning Extended Day program, I will be charged for my child's(ren) normal schedule whether they are present or not.

_____ I understand I will be charged a \$60.00 yearly family registration fee charged to my facts account.

_____ I have read, and agree to follow, the policies and procedures as stated in the **2025/2026** St. Joan of Arc Catholic School Extended Day Program Registration & Resource Guide

Parent Signature: _____

Date: _____