



APPLICATION FOR EXTENDED CARE 2026-27

If your family will be using Extended Care Program (Kids Club) next year, please complete this packet.
Registration Of \$30 will be charged to your FACTS account. Payment is due **July 1, 2026.**

The first opportunity for Extended Care is August 21, 2026 at 7:00am

The St. Agnes School Extended Care Program is available from 7-7:45am and after school from dismissal time until 6:00 pm

Cost: \$6 / hour per child

*Without 24-hour notice, the cost is \$7 per child You will
be charge \$8 / minute for any time after 6 p.m.*

Your FACTS incidental account will be charged on a monthly basis for charges accrued, and payment is expected within one week.

I agree to pay the above fees for the Extended Care Program, and I understand that my child/children cannot attend day care until the attached form is completed and processed.

Parent signature: _____ Date _____

For office use only

Reservation fee (check # / amount): _____



EXTENDED CARE PROGRAM CONFIRMATION OF ATTENDANCE 2024-25

Family name: _____

Child's name: _____ Grade _____

Child's name: _____ Grade _____

Child's name: _____ Grade _____

Child's name: _____ Grade _____

Starting date and time: _____

Days and hours of attendance:

Monday _____ to _____ (hours)	Tuesday _____ to _____ (hours)	Wednesday _____ to _____ (hours)	Thursday _____ to _____ (hours)	Friday _____ to _____ (hours)
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Persons authorized to pick up my child:

Under no circumstances will a child be released to anyone not listed above without written authorization from parents or guardian. In case of an emergency, information from your child's Emergency Card will be used. Please notify the Extended Care Director if information needs to be changed at any point during the year.

Parent's name (printed): _____

Home phone: _____ Cell phone: _____

Parent signature: _____ Date _____