Blessed Sacrament School

Extended Care Registration

2026-2027

Hours of operation: Monday-Friday 7:00-7:20am (Breakfast 7:20-7:50am) 3:20-5:45pm

PARENT/GUARDIAN

Name: _____

Phone: _____

Email: _____

STUDENT

Name: _____

Grade: _____ Age: _____

STUDENT

Name: _____

Grade: _____ Age: _____

STUDENT

Name: _____

Grade: _____ Age: _____

PARENT/GUARDIAN

Name: _____

Phone: _____

Email: _____

STUDENT

Name: _____

Grade: _____ Age: _____

STUDENT

Name: _____

Grade: _____ Age: _____

Before School: ☐ full time (*4-5 days per week*) ☐ part time (*1-3 days per week*) ☐ occasional

After School: ☐ full time (*4-5 days per week*) ☐ part time (*1-3 days per week*) ☐ occasional

MEDICAL INFORMATION

Please list any health concerns extended care staff should know: _____

_____

Please list any allergies and provide clear instructions in the event of an exposure (attach action plan to this form if applicable): _____

_____

Rate for registered families: $2.00/20 min. for the first two children (3rd child+ is not charged).
Rate for unregistered families: $4.00/20 min.
Extended Care charges are invoiced monthly through FACTS.

Registration fee: $25
Payment method: ☐ check ☐ cash ☐ charge FACTS account

I have read and will comply with the Blessed Sacrament School Parent Handbook's policy regarding Extended Care.

Parent/Guardian Signature: _____ Date: _____