



2023-2024

# St. Thomas Aquinas Regional School

## Extended Day Registration

\$20 family registration fee will be charged to your FACTS account.

### I. Student Information

|   |                  |        |
|---|------------------|--------|
| Name  | Phone            | Grade  |
| Address   | Parent Email     | D.O.B. |
| Start Date:   | Withdrawal Date: |        |
| Allergies/Conditions<br>We will get the pertinent information from the school nurse if you indicate that your student has an allergy/condition. |                  |        |

### II. Parent/Guardian Information

| Mother                 | Father                 |
|------------------------|------------------------|
| Name                   | Name                   |
| Address (if Different) | Address (if Different) |
| Cell Phone             | Cell Phone             |
| Place of Employment    | Place of Employment    |
| Work Phone             | Work Phone             |

### III. Sessions (circle all needed)

|   |   |   |
|---|---|---|
| <b>Mornings</b> (check all days and sessions needed)<br><br>Note: | <b>Afternoons</b> (check all days and sessions needed)<br><br>Note: | <b>Early Release</b><br>When school dismisses early, this session covers the extra hours between the early dismissal time and the regular dismissal time of 3 pm. The regular afternoon session will cover the time from 3pm until 6pm. |
| M T W TH F  | M T W TH F  | <input type="checkbox"/> Wednesday Early Release Days only  |
| A1 6-7:30   | B1 3-4pm <input type="checkbox"/>                                   | <input type="checkbox"/> All Early Release Days   |
| A2 6:30-7:30  | B2 3-5pm <input type="checkbox"/>                                   | ER1 12noon-3pm  |
|   | B3 3-6pm <input type="checkbox"/>                                   |   |


### IV. Pick Up Authorizations

|   |
|---|
| Persons <b>Authorized</b> to pick up child:   |
|   |
| Persons <b>Not Authorized</b> to pick up: (Documentation Required if the Unauthorized Person is a Parent) |
|   |

### V. Billing / Payment

All Extended Day fees will be invoiced through your FACTS tuition account. Statements will be emailed to the address on file in the business office.

### VI. Parent Authorization

|   |       |
|---|-------|
|  Signature: | Date: |
|---|-------|

# STARS Extended Day Medication Policy ACKNOWLEDGEMENT

1 form per family


**This form must be signed in order to consider registration complete!** *This form does NOT indicate that medication will to be administered to your child. It serves only to inform you of our policy to administer medication if the need should arise and **IF** you request it.*

## Acknowledgement of Medication Administration Policy

The Aquinas Extended Day Program will administer\* prescription and non- prescription medications to students when administration of medications is **requested by and ONLY when requested by the parent/guardian**. Such medications must be provided by the parent along with the appropriate documents (found on the forms page of the school website). Please sign below acknowledging that you have been informed of this policy via the above statement.

***Signature below is required for each student enrolled in the program, whether or not medication is administered.***

**Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child's individual record.**

|  |  |
|--|--|
| Provider's Name (please print):<br>Julianna McNulty  | Facility Name:<br>Aquinas School Day Program |
| Parent Name (Print)  |  |
| Parent's Signature:<br> | Date:  |

\* All qualified staff are Mat trained and follow all requirements and confidentiality conditions as required and stated in the STARS Parent Handbook.

### Office Use Only

The above named student currently enrolled at STARS has a copy of his/her :

- 1.health/shot record on file in the nurse office
- 2.Birth record on file in the School office

Verified by: \_\_\_\_\_

# EXTENDED DAY EMERGENCY CONTACT FORM

1 Form per Family

STUDENT NAME(S):

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|                      |                      |
|----------------------|----------------------|
| PARENT/GUARDIAN NAME | PARENT/GUARDIAN NAME |
| CELL                 | CELL                 |
| WORK                 | WORK                 |
| HOME                 | HOME                 |

To be completed in full for Extended Day program purposes. Emergency contacts must be 2 persons **OTHER** than the Parents/legal guardian who can be contacted when staff are unable to contact either parent/guardian in an emergency.

|  |      |
|--|------|
| <b>EMERGENCY CONTACT 1: (NOT a PARENT)</b> |      |
| Name                                       |      |
| Address:                                   |      |
| State:                                     | ZIP: |
| PHONE:                                     |      |
| PHONE:                                     |      |
| Relationship to Student:                   |      |

|  |      |
|--|------|
| <b>EMERGENCY CONTACT 2: (NOT a PARENT)</b> |      |
| Name                                       |      |
| Address:                                   |      |
| State:                                     | ZIP: |
| PHONE:                                     |      |
| PHONE:                                     |      |
| Relationship to Student:                   |      |