St. Thomas Aquinas Regional School
Extended Day Registration

2025-2026

$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: ___/___/_____	Previous Childcare: Facility Name/Address/dates N/A ☐	
Allergies/Conditions :_____		

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)

Mornings *(check days needed and session)* *Note:*	*Afternoons* *(check days needed and session)* *Note:*	*Early Release* 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 covers 3- 6pm.
M ☐ T ☐ W☐ TH ☐ F ☐	M ☐ T ☐ W☐ TH ☐ F ☐	☐ER 12noon-3pm (all)
☐ A1 6-7:30 am	☐ B1 3-4pm	☐ Wednesday Early Release Days only
☐ A2 6:30-7:30 am	☐ B2 3-5pm	☐ Other:_____
☐ A3 7-7:30 am	☐ B3 3-6pm	

IV. Pick Up Authorizations

Persons **Authorized** to pick up child:
Persons **Not Authorized** to pick up: (Documentation Required)

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

<u>This form must be signed</u> 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.*

<u>Acknowledgement of Medication Administration Policy</u>

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): Julianna McNulty	Facility Name: Aquinas School Day Program
Parent Name (Print)	
Parent's Signature: 	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):

_____

_____

_____

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.

EMERGENCY CONTACT 1:	
Name	
Address:	
State:	ZIP:
PHONE:	
PHONE:	
Relationship to Student:	

EMERGENCY CONTACT 2:	
Name	
Address:	
State:	ZIP:
PHONE:	
PHONE:	
Relationship to Student:	