



**The Basilica School of Saint Mary-Extended Care Program
 CONTRACT AND PICK-UP AUTHORIZATION FORM 2023-2024
 This form is required for ALL STUDENTS-even if selecting NO Plan**

I grant permission for my child(ren) to be in PLAN:

(indicate with an X the plan chosen- per the rates listed on the plan option sheet)

Plan A	Plan B	Plan C	Morning Care	No Plan
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I authorize the Registration Fee of \$35.00 per family to be withdrawn from my FACTS account for Plans A, B or C. _____ (please initial). N/A for those in No Plan as no registration fee applies. First Fee to be withdrawn from your FACTS account in August.

Student Name: _____ Grade 23-24: _____

Student Name: _____ Grade 23-24: _____

Student Name: _____ Grade 23-24: _____

Student Name: _____ Grade 23-24: _____

My child(ren) have permission to be released from Extended Day by the persons listed below. I understand that the Extended Care staff will **NOT** release my child to any person not listed on this form without prior **written** permission. Due to liability limitations, **The Basilica School of Saint Mary cannot accept any changes to this list via the telephone.**

Make sure to list **ALL** individuals authorized to pick up your child, (i.e. babysitters, family, friends, coaches, tutors, etc...).

Name	Relationship	Contact Number

Names of persons NOT legally authorized to pick up your child.*

Mother's Cell Phone Number: _____

Father's Cell Phone Number: _____

There may be on occasion the need to change your contractual Plan. Any plan change may be considered on a case by case basis.

SIGNATURE: _____
 Parent/Guardian Date Parent/Guardian Date

 Printed Name

 Printed Name

*Appropriate paperwork, such as a divorce decree, should be attached if a parent or other individual is NOT allowed to visit or pick-up the child.