St. Agatha Academy Aftercare Program

Enrollment Form 2026-2027

Child's Name: _____

Parent/Guardian: _____

Address: _____

Phone Number: _____

In order to best serve each student, please list all physical, cognitive, medical, emotional, learning needs, food allergies, or anything else you would like for us to know:

_____

_____

_____

Please submit the SAA Aftercare Program enrollment form to Jeanne Lane, the SAA Extended Day Director, or Mrs. Gilbert. The non-refundable registration fee of $40.00 per child ($60.00 maximum per household) and monthly payment will be billed through the FACTS Management system. Below are the monthly rates for the SAA Aftercare Program.

Option 1	1st Child	2nd Child	3rd Child	4th Child
5 Days Per Week	$250.00	$375.00	$475.00	$525.00

Option 2	1st Child	2nd Child	3rd Child	4th Child
3 Days Per Week	$200.00	$250.00	$300.00	$350.00

Please write in your child's name and circle the days your child will be staying in the SAA Aftercare Program:

Child's Name	3 days/week	5 days/week
	M, T, W, TH, F	M, T, W, TH, F

SAA Aftercare Program will keep on file the St. Agatha Academy Health History Form and Student Release Form provided at student orientation. These forms will provide Aftercare staff with medical information, emergency contact information and student release information. If you would like to provide additional information please contact the director.

_____

Parent/Guardian Signature Date

_____

Parent/Guardian Name (Please Print) Cell Number