



Extended Care Program SPORTS Agreement & Authorization Form

Student Information:

_____	_____	_____
Last name	First Name	Grade
_____	_____	_____
Last name	First Name	Grade

Students may only attend afternoon extended care on days that there is practice or a game held on SHS campus during the specific season below. Students may only attend before the practice or game, not after. Extended care closes at 5:30pm.

Enrollment:

Season: ☐ Volleyball ☐ Flag Football ☐ Basketball ☐ Other _____

Sports Season Fees: Season Fee: \$50.00 (per season)

Basketball Open Gym: Season Fee: \$25.00 (per season)

Payment:

The enrollment and season fee are deducted from FACTS. All participants must have a FACTS account to be billed. Failure to pay fees will result in removal from the program.

Select FACTS deduction date: ☐ 5th OR ☐ 20th of the month that the student is registered for the season listed above. The season fee will only be taken out at the beginning of the season. If student is registered for more than one season, the season fee will be deducted per season in one deduction. The registration fee will be taken out once at the beginning of the first season marked above. Registration fee will only be deducted once per year.

This agreement will remain in effect until I provide written authorization of changes. I agree to adhere to the stated policies and procedures of the Sacred Heart Extended Care Program as stated here and in the Parent Handbook.

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date