



ST. MICHAEL'S ACADEMY BEFORE/AFTER SCHOOL PROGRAM REGISTRATION FORM

St. Michael's Academy offers before and after school care to assist working parents with the supervision of their children and/or to support the social development of children as recommended by the teacher. The Before School program begins at 6:30 a.m. and ends at 8 a.m. The After School program begins at 3:30 p.m. and ends promptly at 5:30 p.m. **All families wishing to utilize the program must complete this registration form and return it to St. Michael's Academy.**

Cost: \$4.50 per hour for one child \$7.75 per hour for 2 children in a family
\$8.75 per hour for 3 or more children in a family

There is a 1 hour minimum charge for using the Before and/or After School Program.
All families picking up their children after 5:30 pm will be assessed a \$25 late fee.

Mother's Name _____ Daytime Phone _____ Cell Phone _____

Father's Name _____ Daytime Phone _____ Cell Phone _____

Home Address: _____ Home Phone _____

My child(ren): Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

I authorize the **ADULT(S)** listed below to sign my child(ren) in at the Before School program and / or out from the After School program. *Please be aware that those signing children out must produce an identification card containing picture and name.*

Name:	Relationship:	Phone #(s):
Name:	Relationship:	Phone #(s):
Name:	Relationship:	Phone #(s):
Name:	Relationship:	Phone #(s):

IMPORTANT: Please list any ALLERGIES / PERTINENT INFORMATION

Child's name and info.: _____

Child's name and info.: _____

Child's name and info.: _____

Bills for the extended day program are sent home on Friday. Payment is due upon receipt. Attendance in the program is contingent on timely payment of your account. Children may be denied participation in the program if accounts become past due. **Please be advised** that families who have **an outstanding balance from the previous school year** will **not** be allowed to enroll their children in the program for the new school year until the balance is paid in full. By signing below, you agree to meet the financial commitments to St. Michael's Academy. You have read and agree to comply with the terms in this agreement.

Individual responsible for the payment of the Before and/or After School charges:

Name (Please Print)	Relationship	Area Code & Telephone
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Signature of responsible individual: _____ **Date:** _____