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 am and ends at 8 am. The After School program begins at 3:30 pm and ends promptly at 5:30 pm. **All families wishing to utilize the program must complete a registration form and return it to St. Michael's Academy by Monday, August 13, 2026.**

Cost: $5.75 per hour for one child $8.75 per hour for 2 children in a family
$9.75 per hour for 3 or more children in a family

There is a one hour minimum charge for using either 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 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. 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**

Signature of responsible individual:_____ **Date:** _____