



ST. MICHAEL THE ARCHANGEL REGIONAL SCHOOL

Before Care Program Registration Form

The Before Care Program is offered to all St. Michael the Archangel Regional School students, PreK through Eighth grade.

Doors open at 6:45AM. All students are welcome to bring a small breakfast.

PreK to Eighth Grade 6:45 AM - 7:15 AM \$3.00 per child per day

ANY student, PreK-Three through Eighth grade, who arrives before 7:15 AM will be charged \$3.00 per day, per child.

Weekly payments are made the last school day of the week when your child is dropped off. Payments are to be made directly to Mrs. Debbie Hepler.

If you have any questions, please feel free to contact Mrs. Debbie Hepler at dah50@comcast.net.

Thank you.

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Please return this form to school with your child. Please do not send money.

I am interested in the “Before School Program.”

Child’s Name _____

Child’s Name _____

Phone Number _____

Parent’s Name _____

Parent’s Signature _____



ST. MICHAEL THE ARCHANGEL REGIONAL SCHOOL

After Care Program Fee Schedule

FULL-TIME (Five Days)

A Full-Time student is one who attends every day school is in session. This includes half days.

Full Days and Half Days	1 child	\$45.00 per week
	2 children	\$65.00 per week
	3 children	\$85.00 per week

PART TIME (Less than Five Days a Week)

Full Day (2:35 PM dismissal days)	1 child	\$11.00 per day
	2 children	\$18.00 per day
	3 children	\$25.00 per day
Half Day (12:35 PM dismissal days)	1 child	\$14.00 per day
	2 children	\$20.00 per day
	3 children	\$25.00 per day

DROP-INS

A Drop-In student is one who occasionally uses the After Care Program.

Full day (2:35 PM dismissal days)	\$12.00 per day – per child
Half day (12:35 PM dismissal days)	\$15.00 per day – per child

HOURS OF OPERATION

Full Day – 2:35 PM to 6:00 PM

Half Day – 12:35 PM to 6:00 PM

If a PreK-3 or PreK-4 child is registered to attend St. Michael the Archangel Regional School for three or more full days, they will receive the After Care Program at no charge.

Full-Time and Part-Time After Care Program payments can be made weekly (last school day of the week) or monthly (last school day of the month). Drop-In After Care Program payments are expected when you pick your child up that day.

A late fee will be charged after 6:00 PM

Parents are responsible for all documentation of payment for child care reimbursements. Receipts will only be given if paying with cash.



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After Care Program Registration Form

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Parent's Name _____

Address _____

Phone # (home) _____ (cell) _____ (work) _____

Starting Date _____ Circle days of the week needed: M T W T F

Emergency Contact Information:

Name _____ Phone # _____

Name _____ Phone # _____

Child's Doctor _____ Phone# _____

Special Medical Conditions/Allergies _____

Designated person(s) authorized to pick up child/children:

1) _____ 2) _____ 3) _____

I give St. Michael the Archangel Regional School authorization to get medical help for my child/children in an emergency situation when I cannot be reached.

Parent's Name (Please Print)

Parent's Signature

REGISTRATION FEE PER CHILD IS \$25.00

Registration fee must be received with this application by August 26.

Mail or deliver to St. Michael the Archangel Regional School, Attn: After Care Program.