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 8th grade.

Doors open at 6:30am. All students are welcome to bring a small breakfast.

PreK to 8th Grade **6:30am - 7:15am** **$3.00 per child per day**

ANY student, PreK-3 through 8th grade, who arrives before 7:15am 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 Debbie Hepler.

If you have any questions, please feel free to contact 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_____

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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 (2:35pm dismissal days)	1 child	$11.00 per day
	2 children	$18.00 per day
	3 children	$25.00 per day
Half Day (12:35pm 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 (2:35pm 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 p.m. to 6:00 p.m. **Half Day** – 12:35 p.m. to 6:00 p.m.

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 p.m.

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 27.

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