



ST. MICHAEL THE ARCHANGEL REGIONAL SCHOOL

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**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 6:30 AM. All students are welcome to bring a small breakfast.

**PreK to 8<sup>th</sup> Grade                      6:30 AM - 7:15 AM                      \$3.00 per child per day**

*ANY student, PreK-3 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 **SMRS**.

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.*

<b>Full Days and Half Days</b>	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)**

<b>Full Day</b> (2:35pm dismissal days)	1 child	\$11.00 per day
	2 children	\$18.00 per day
	3 children	\$25.00 per day
<b>Half Day</b> (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.*

<b>Full day</b> (2:35pm dismissal days)	\$12.00 per day – per child
<b>Half day</b> (12:35 pm dismissal days)	\$15.00 per day – per child

#### **HOURS OF OPERATION**

<b>Full Day</b> – 2:35 p.m. to 6:00 p.m.	<b>Half Day</b> – 12:35 p.m. to 6:00 p.m.
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*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 26.***

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

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