



Saint Michael Catholic School

Since 1900 — Faith. Scholarship. Leadership. Service.



After the Bell Extended Day Registration and Program Fees Form 2018 – 2019

Parent Name(s): _____

Student(s) Name(s) / Grade: (1) _____ / _____ (2) _____ / _____
(3) _____ / _____ (4) _____ / _____
(5) _____ / _____ (6) _____ / _____

After the Bell Program Options: (please choose one and Registration Fee)

<i>Full Time</i> (5 days per week):	1 student	<input type="checkbox"/>	\$110.00 per month
	2 students	<input type="checkbox"/>	\$198.00 per month
	3 students	<input type="checkbox"/>	\$264.00 per month
	4+students	<input type="checkbox"/>	\$308.00 per month
<i>Part Time</i> (4 scheduled days): Check 4 days attending below: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	1 student	<input type="checkbox"/>	\$ 88.00 per month
	2 students	<input type="checkbox"/>	\$158.00 per month
	3 students	<input type="checkbox"/>	\$211.00 per month
	4+students	<input type="checkbox"/>	\$246.00 per month
<i>Part Time</i> (3 scheduled days): Check 3 days attending below: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	1 student	<input type="checkbox"/>	\$ 66.00 per month
	2 students	<input type="checkbox"/>	\$118.00 per month
	3 students	<input type="checkbox"/>	\$158.00 per month
	4+students	<input type="checkbox"/>	\$184.00 per month
<i>Part Time</i> (2 scheduled days): Check 2 days attending below: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	1 student	<input type="checkbox"/>	\$ 44.00 per month
	2 students	<input type="checkbox"/>	\$ 79.00 per month
	3 students	<input type="checkbox"/>	\$105.00 per month
	4+students	<input type="checkbox"/>	\$123.00 per month
<i>Drop Ins</i>	1 student	<input type="checkbox"/>	\$ 12.00 per day
	2 students	<input type="checkbox"/>	\$ 22.00 per day
	3 students	<input type="checkbox"/>	\$ 29.00 per day
	4+students	<input type="checkbox"/>	\$ 34.00 per day
<i>Registration Fee</i>		<input type="checkbox"/>	\$ 20.00 per family

Late Fees: Extended care daily dismissal begins at 5:45 pm. Students who are picked up at after 6:00 pm atomic time will be charged a late fee of \$10 for the first minute and \$1.00 for every minute after 6:01 pm. Charges will be added to the family's monthly invoice and drafted the next month.

St. Michael School is concerned about the proper supervision of students after regular dismissal. Any student who has not been picked up by **3:30 pm** will be sent to **After the Bell** program and the family will be billed at the *Drop In* rate. Be advised that all students, whether full time, part-time, or drop in, must have registration information on file. Drop Ins will be asked to complete paper work on the first day your student attends *After the Bell*.

OFFICE USE ONLY:

_____ Registration Fee included: \$_____ cash OR \$_____ check / Check # _____
_____ Option selected Registration Invoice # _____ Account Invoice # _____



***After the Bell* Extended Day – Billing Procedures**

- ***After the Bell*** program will be billed through the same bank account as St. Michael School tuition and fees.
- Your account will be drafted from your bank account on the 5th of each month as a separate charged labeled ***After the Bell*** program. Any late fees (see below) or *Drop In* charges will be billed on the following month and indicated on your bill.
- ***After the Bell*** program will begin on the first day of each school year and end on the last day of each school year.
- ***After the Bell*** program will not be in session for early dismissal days or scheduled school holidays.
- ***Late Fees: After the Bell*** Extended Day daily dismissal is at **6:00 pm** atomic time. Students who are picked up after 6:00 pm will have a penalty fee of \$10 and \$1.00 for every minute after 6:01 pm. Charges will be added to the family's monthly invoice and drafted the next month.

Fees are based on 170 days of extended care for the 2018-2019 school year. There is no extended care available on half days or holidays. For your convenience, the fee schedule is divided over 10 months (August- May) and based on a daily rate. Drop In fees are the only exception. These fees are based on a higher daily rate and calculated at the end every month.

After the Bell program implements the Accounts Receivable collections by the Direct Payment Plan. You will have your monthly payment made automatically from your checking or savings account. You do not have to change your present banking relationship to take advantage of this service.

You must participate in the Direct Payment Plan for *After The Bell*. Your authorized regularly scheduled *After the Bell* payments to be made from your checking or savings accounts to St. Michael School. **After the Bell payments will be initiated on the 5th of each month.** Your payments will be made automatically on the specified day, and proof of payment will appear with your statement. The authority you give to charge your account will remain in effect until you notify us, in writing, to terminate the authorization. The Direct Payment Plan is dependable, flexible, convenient, and easy. Please complete the attached authorization form along with a voided check and return it as soon as possible to Donna Venable at St. Michael School. If you have any questions, please call Donna at 783-1410.

After the Bell Extended Day - Student Release Form



Parent(s) Name: _____

Student(s) Name(s): (1) _____ (2) _____
 (3) _____ (4) _____
 (5) _____ (6) _____

Notice: Please inform anyone listed below that they must sign their name and time on the sign out sheet when they pick up your student. When someone other than those listed below picks up your student, you **MUST** call the office (783 – 1410) or send a parental-signed note with your student.

Persons authorized to pick up my student(s):

Name	Relationship	Contact number(s)

Persons NOT authorized to pick up my student(s):

Name	Relationship	Contact number(s)



**After the Bell Extended Day Program
Student Medical Information and Medical Release Form**

The following should be contacted first if my student(s) become(s) ill or injured while at the After The Bell Program:

Father's Name: _____ Work #: _____ Cell #: _____

Mother's Name: _____ Work #: _____ Cell #: _____

Student(s) Information: (If your student(s) have any allergies, medical conditions, or special needs that emergency personnel should know, list them.)

(1) Student's Name: _____ Student's Birthdate: _____ Med.Conditions: _____

(2) Student's Name: _____ Student's Birthdate: _____ Med.Conditions: _____

(3) Student's Name: _____ Student's Birthdate: _____ Med.Conditions: _____

(4) Student's Name: _____ Student's Birthdate: _____ Med.Conditions: _____

(5) Student's Name: _____ Student's Birthdate: _____ Med.Conditions: _____

(6) Student's Name: _____ Student's Birthdate: _____ Med.Conditions: _____

Medical Release Form

In the event that the student(s) listed above becomes ill or injured while in the care of St. Michael School **After the Bell** Extended Day program and the program is unable to contact me immediately, I give my consent to contact one of the persons listed on my student(s)'s St. Michael Medical Alert File.

Parent(s) / Guardian Signature

Date

Parent(s) / Guardian Signature

Date



After the Bell Extended Day Program

Student Code of Conduct and Discipline Procedure 2018 – 2019

Student Code of Conduct

- Students will treat each other and all school personnel in a respectful manner.
- Students will not be physically abusive (hitting, shoving, biting, wrestling, or throwing objects) or verbally abusive to others.
- Students are expected to clean up their area prior to leaving it.
- Students will not damage school property or the property of others.
- Behavior that disrupts the normal activity in the center or threatens the safety of others will not be allowed.
- Students will respect others while working silently and independently during homework time.

Discipline Procedure

- The student will be given a verbal warning for inappropriate behaviors.
- Students with guidance of an adult will be asked to work on a solution for a positive outcome and parent/s will receive notification.
- If the inappropriate behavior continues the student will be given a Refocus Form.
- Parent/Guardian will sign the form and it will be kept in the student file.
- If the student receives three written reports for the same or similar disciplinary issues within a quarter, he/she will be referred to the Assistant Principal/Principal.
- If further discipline is needed, it will be decided by the Principal. This discipline may include suspension or expulsion from the Extended Day Program.

I have read, understand, and accept the St. Michael School *After the Bell* Student Code of Conduct and Discipline Procedure.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Signature: _____ Date: _____

Student Signature: _____ Date: _____



**After the Bell Extended Day Program
Parent Program Agreement Form
2018 – 2019**

Parents/Guardians must read and initial each item.

Initial ____ The parent/guardian accepts and agrees to follow the policies and procedures of St. Michael School **After the Bell** Extended Day Program.

Initial ____ St. Michael School agrees to notify the parent/guardian whenever the student becomes ill and the parent/guardian agree to immediately make arrangements to have the student picked up.

Initial ____ The parent/guardian authorizes St. Michael School to obtain immediate medical care if any emergency occurs when he/she cannot be contacted immediately.

Initial ____ The parent/guardian understands that the student must be picked up no later than 6pm or the parent/guardian will be charged late fees. It is also understood that services may be withdrawn from any family who is late three times in one calendar month.

Initial ____ The parent/guardian understands that the principal has the right to withdraw/deny services when a student is perceived as disruptive to the extent that he/she infringes on the rights of others. Services will also be withdrawn if St. Michael School ascertains that it cannot meet the specific needs of any student.

Initial ____ The parent/guardian understands that services are only offered to families who stay current with their indebtedness to the **After the Bell** program and to other school financial commitments.

SIGNATURE: _____
Parent /Guardian Date



ST. MICHAEL SCHOOL
AFTER
 THE **BELL**
 EXTENDED DAY PROGRAM

**ST MICHAEL ELEMENTARY SCHOOL
 AUTHORIZATION FOR DIRECT PAYMENT**

I authorize St. Michael School and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it, allowing the financial institution reasonable time to make changes. I can stop payment of any direct payment by notifying my financial institution and St. Michael School 3 days before my account is charged. These entries will begin on August 10th of 2018. After August 10th, DP will be on the 5th of each month.

 (Name of Financial Institution) (Branch)

 (City) (State) (Zip Code)

 (Signature) (Date)

 (Students Name)

 (Name on Account-Please Print) (Phone Number)

 (Address – Please Print)

Account Number _____ Checking Savings

Financial Institution Routing Number _____
 (Bottom left of you check)

Please send this form along with a cancelled check to
 Donna Venable at St. Michael School as soon as possible.