



St. Michael School

After the Bell Extended Day Registration and Program Fees Form 2022 – 2023



Parent(s) Name(s): _____

Child(ren) Name(s)
and Grade Level(s):

Children's Name	2022 – 2023 Grade Level

After the Bell Program Options: (please choose one)

Full Time (5 days per week): 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 child	<input type="checkbox"/>	\$ 125.00 per month
	2 children	<input type="checkbox"/>	\$ 225.00 per month
	3 children	<input type="checkbox"/>	\$ 299.00 per month
	4+children	<input type="checkbox"/>	\$ 350.00 per month
Part Time (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 child	<input type="checkbox"/>	\$ 100.00 per month
	2 children	<input type="checkbox"/>	\$ 180.00 per month
	3 children	<input type="checkbox"/>	\$ 239.00 per month
	4+children	<input type="checkbox"/>	\$ 279.00 per month
Part Time (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 child	<input type="checkbox"/>	\$ 74.00 per month
	2 children	<input type="checkbox"/>	\$ 132.00 per month
	3 children	<input type="checkbox"/>	\$ 176.00 per month
	4+children	<input type="checkbox"/>	\$ 206.00 per month
Part Time (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 child	<input type="checkbox"/>	\$ 48.00 per month
	2 children	<input type="checkbox"/>	\$ 86.00 per month
	3 children	<input type="checkbox"/>	\$ 116.00 per month
	4+children	<input type="checkbox"/>	\$ 134.00 per month
Drop Ins	1 child	<input type="checkbox"/>	\$ 13.00 per day
	2 children	<input type="checkbox"/>	\$ 23.00 per day
	3 children	<input type="checkbox"/>	\$ 30.00 per day
	4+children	<input type="checkbox"/>	\$ 36.00 per day

Late Fees: Extended care daily dismissal is at 6:00 pm. Children who are picked up at 6:01 pm will have a late 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.

St. Michael School is concerned about the proper supervision of children after regular dismissal. Any child who has not been picked up by **3:25 pm** will be sent to **After the Bell** program and the family will be billed at the *Drop In* rate.

Registration Fee: Once the registration packet has been submitted, the **\$25 registration fee per family** will be drafted from the family's FACTS Billing account. The registration fee is **non-refundable**.

I understand that submitting this form gives St. Michael permission to draft the \$25 Registration fee from my FACTS billing account and secures a spot in the After the Bell program for my child(ren). I also understand that I am selecting an option now but may change at a later date by submitting the request in writing to the ATB director.

Parent Signature

Date

St. Michael School
After the Bell Extended Day Program
Student Release and Parent Agreement Form

Child's Name	Allergies or Other Medical Concerns
(1)	
(2)	
(3)	
(4)	

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

Persons authorized to pick up my child(ren):

Name	Relationship	Contact number(s)

Persons NOT authorized to pick up my child(ren):

Name	Relationship	Contact number(s)

Authorization for Direct Payment

I understand that all After the Bell charges will be collected through the new FACTS billing system. This includes the \$25 family registration fee, monthly fees for regular ATB students, drop-in fees, and late fees. I authorize St. Michael School to initiate entries through my FACTS Billing account. This authority will remain in effect until I notify you in writing to cancel it, allowing the school reasonable time to make changes.

SIGNATURES: _____
 Parent/Guardian Date Parent/Guardian Date

Handbook Acknowledgement Form

Both Parents/Guardians must read and initial after reading the *After the Bell* handbook, which is a separate document.

Initial ____/____ The parents/guardians have fully read all rules and regulations outlined in the ATB handbook, a separate document available in the office or at www.stmike.net, shared the rules with their child(ren), and accept and agree to follow the policies and procedures of St. Michael School ***After the Bell*** Extended Day Program.

SIGNATURES: _____
 Parent /Guardian Date Parent/Guardian Date