

St. Michael School

After the Bell Extended Day Registration and Program Fees Form 2023 – 2024



Program Options: (please c	•	Grade Level
	•	
	•	
me (5 days per week):	4	
	1 child	\$ 125.00 per month
	2 children	225.00 per month
	3 children	299.00 per month
	4+children	\$ 350.00 per month
me (4 scheduled days):	1 child	\$ 100.00 per month
4 days attending below:	2 children	☐ \$ 180.00 per month
∃T □W □Th □F	3 children	3 \$ 239.00 per month
	4+children	\$ 279.00 per month
me (3 scheduled days):	1 child	\$ 74.00 per month
3 days attending below:	2 children	\$ 132.00 per month
■T ■W ■Th ■F	3 children	\$ 176.00 per month
	4+children	\$ 206.00 per month
me (2 scheduled days):	1 child	\$ 48.00 per month
2 days attending below:	2 children	\$ 86.00 per month
∃T □W □Th □F	3 children	\$ 116.00 per month
	4+children	\$ 134.00 per month
าร	1 child	\$ 13.00 per day
	2 children	\$ 23.00 per day
	3 children	☐ \$ 30.00 per day
	4+children	■ \$ 36.00 per day
	# days attending below: The Whole The F ### (3 scheduled days): ### days attending below: ### The Whole The F #### (2 scheduled days): ### days attending below: ### days attending below: ### The Whole The F	### (4 scheduled days): ### (4 scheduled days): ### (4 scheduled days): ### (2 scheduled days): #### (2 scheduled days): ##### (2 scheduled days): ##### (2 scheduled days): ##### (2 scheduled days): ##### (2 scheduled days): ###### (2 scheduled days): ###### (3 schildren ###################################

St. Michael School

After the Bell Extended Day Program Student Release and Parent Agreement Form

Child's Name		Alle	Allergies or Other Medical Concerns	
(1)				
(2) (3) (4)				
(3)				
(4)				
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vhen they pick		meone other than those	heir name and time on the listed below picks up your c	
Persons autho	rized to pick up my ch		,	
	Name	Relationship	Contact number(s))
Darragna NOT	autharizad ta piak up	may abild/ram).		
ersons <u>no r</u>	authorized to pick up Name	Relationship	Contact number(s	
	Name	Relationship	Contact number(s	'
ncludes the \$25 authorize St. M emain in effect	at all After the Bell charges framily registration fee, lichael School to initiate	monthly fees for regular e entries through my FAC	ugh the new FACTS billing ATB students, drop-in fees CTS Billing account. This au the school reasonable time	s, and late fee othority will
changes.				
SIGNATURES:				
	Parent/Guardian	Date I	Parent/Guardian	Date
		ook Acknowledger	<u>nent Form</u> g the After the Bell han d	dhook whic
nitial/	The parents/guardi	is a separate documo ans have fully read all ru	ent. les and regulations outlined	I in the ATB
nitial/_ andbook, a se hild(ren), and a extended Day F	The parents/guardia parate document availa accept and agree to folk Program.	is a separate docume ans have fully read all ru ble in the office or at www	ent.	I in the ATB les with their
<i>nitial</i> /_ nandbook, a se	The parents/guardia parate document availa accept and agree to folk Program.	is a separate docume ans have fully read all ru ble in the office or at ww ow the policies and proce	ent. les and regulations outlined w.stmike.net, shared the ru	I in the ATB les with their