



# St Michael Catholic School

## Before and After School Care

### 2015-16

Student Name: \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please circle what program you would like to enroll in (prices are per month):

<u>AM Only (7:00-8:15)</u>	<u>PM Only (3:15-6:00)</u>	<u>AM &amp; PM</u>	<u>Days Attending</u>
5 days/\$84	5 days/\$294	5 days/\$326	
4 days/\$71	4 days/\$231	4 days/\$258	M__T__W__Th__F__
3 days/\$50	3 days/\$168	3 days/\$189	M__T__W__Th__F__
2 days/\$29	2 days/\$109	2 days/\$121	M__T__W__Th__F__

**Drop In \$7/hour**

\* Invoices will be sent out beginning of the month and are due on the 15th of every month

Please list the names and phone numbers of people you authorize to pick up your children in the event of a late pick up or emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

_____ Parent/Guardian	_____ Parent Guardian
--------------------------	--------------------------