



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 & 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