

AFTER CARE REGISTRATION FORM

Please enter your child's grade for 2024 - 2025

Child's Name _____ Birthdate: _____ Grade: _____
Child's Name _____ Birthdate: _____ Grade: _____
Child's Name _____ Birthdate: _____ Grade: _____
Address: _____ City: _____ Zip: _____

Parent's Names: _____
Mom (Cell #): _____ Mom (work #): _____
Dad (Cell #): _____ Dad (work #): _____
E-mail Address: _____, _____

In case of accident or illness and you cannot be reached; whom should we call?

1. _____ Phone: _____ Relationship: _____
2. _____ Phone: _____ Relationship: _____
3. _____ Phone: _____ Relationship: _____

The following people are authorized to pick up my children on my behalf:

1. _____ Phone: _____ Relationship: _____
2. _____ Phone: _____ Relationship: _____
3. _____ Phone: _____ Relationship: _____

If anyone other than the people listed above will be picking up, a written note must be given!

Is there any additional information we should know? (Allergies, medical information, etc)

I wish to enroll my child in the After Care Program. I understand that my children must be picked up by 6:00 p.m. I understand that there is a \$5.00 fee for every 5 minutes beyond that time. It is to be paid IMMEDIATELY.

Non-Refundable Registration Fee: \$25.00 per child due with form

After Care Fees

\$15.00 per day from 2:30-4:00 per child

\$20 per day from 2:30-5:00 per child,

\$25 per day from 2:30-6:00 per child

**ST. MICHAEL AFTER CARE PROGRAM
INFORMATION REGARDING LEGAL CUSTODY
MUST BE COMPLETED**

Children's names: _____ Date: _____

Children live with:	_____	Both natural parents
	_____	natural father, step-parent
	_____	natural mother, step-parent
	_____	only mother
	_____	only father
	_____	grandparents w/legal custody
	_____	relative w/legal custody

Residential parent/guardian:

Name: _____

Address: _____

City/Zip: _____

Phone: _____

Is there a court order (or pending order) affecting custody/residency of children?
Yes/No

Please attach a certified copy of the page of the court decision bearing the case number and those sections referring to visitation rights and contact with the school. Also, include the page bearing the judge's signature and court seal. This copy should include all modifications made as of the date of the registration of the child in school. It is also the responsibility of the parents to inform the After Care Director of any subsequent modifications during the child's tenure at the school.

IF THE SCHOOL OFFICE HAS THE ABOVE COPY, YOU MAY ASK THEM TO XEROX IT AND SEND IT TO THE AFTER CARE DIRECTOR.

Non-residential (custodial) parent:

Name: _____

Address: _____

City/Zip: _____

Phone: _____

Is the non-custodial parent allowed to pick child up from After Care Program? _____

**AFTER CARE
PAYMENT AUTHORIZATION**

Child's Name: _____ Child's Name: _____

_____ Debit the account that is on file for 2024 – 2025 tuition payments.

_____ Debit the account included on the attached voided check.

After Care Fees

\$15.00 per day from 2:30-4:00 per child

\$20 per day from 2:30-5:00 per child

\$25 per day from 2:30-6:00 per child

Everyone utilizing St. Michael After Care program authorizes the Direct Debit of their account the amount owed to the program for services rendered on the 2nd and 4th Monday of each month. If you do not submit a VOIDED check, the Direct Debit will be charged against the checking account used to pay your family's monthly tuition fee. This form will need to be filled out each school year.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Printed _____ Date: _____

REGISTRATION FEE

_____ I have submitted a check/cash for \$25 for each child attending aftercare.

_____ Please debit my account on file for the \$25 registration fee for each child attending aftercare. Debit will occur on the first pull in September 2024.