



# ST. MICHAEL PRESCHOOL

## 2018 - 2019 Before/After Care Application

### PARENT/GUARDIAN INFORMATION

<b><u>Parent/Guardian #1</u></b>	<b>Relationship to Child(ren):</b> _____
Name: _____	
Address: _____	City: _____ State: _____ Zip: _____
Employer: _____	Work #: _____ Cell #: _____
Home#: _____	Email: _____
<b><u>Parent/Guardian #2</u></b>	<b>Relationship to Child(ren):</b> _____
Name: _____	
Address: _____	City: _____ State: _____ Zip: _____
Employer: _____	Work #: _____ Cell #: _____
Home#: _____	Email: _____

Waiting lists may apply when enrollment reaches sit capacity. At the time of registration a \$25.00 non-refundable fee is due (if after July 1<sup>st</sup> the late registration fee is an additional \$10.00).

#### **Rates:**

Before Care:	7:00am – 8:45am*	\$12.00 /day	\$50.00 /week
After Care:	3:30pm – 6:00pm*	\$15.00 /day	\$60.00 /week

**Late Fee:** A late fee of \$10.00 will be assessed if your child is picked up after 6:00pm (by school clock). There will be additional fees in the increments of \$5.00 for every 10 minutes, or part thereof, until the child is picked up.

**\*Please be on time for it is important for your child and our staff.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



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### Children Information:

**Child #1 Name:** \_\_\_\_\_ M/F (circle) Date of Birth: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date to Start Care: \_\_\_\_\_

Child will attend:

Before Care: M T W Th F (Circle all that apply)

After Care: M T W Th F (Circle all that apply)

Check here if this child will attend as a Drop-in Only: \_\_\_\_\_

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### Children Information:

**Child #2 Name:** \_\_\_\_\_ M/F (circle) Date of Birth: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date to Start Care: \_\_\_\_\_

Child will attend:

Before Care: M T W Th F (Circle all that apply)

After Care: M T W Th F (Circle all that apply)

Check here if this child will attend as a Drop-in Only: \_\_\_\_\_

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### Children Information:

**Child #3 Name:** \_\_\_\_\_ M/F (circle) Date of Birth: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date to Start Care: \_\_\_\_\_

Child will attend:

Before Care: M T W Th F (Circle all that apply)

After Care: M T W Th F (Circle all that apply)

Check here if this child will attend as a Drop-in Only: \_\_\_\_\_