



St. Michael School

Fall River, Massachusetts

St. Michael School Extended Care Program Registration Form

Parents/guardians are required to complete an Extended Care Registration Form in order for their child to attend the program. It is recommended that **every** parent/guardian complete this form even if it is not your intention to send your child to Extended Care as unforeseen circumstances may occur.

Student

Name _____ Grade _____

Name _____ Grade _____

Please let us know if your child has any allergies.

Name: _____

Name: _____

Allergy: _____

Allergy: _____

I understand that the Extended Care Program is a support service for families and a privilege to attend. I understand that the principal reserves the right to exclude any student who is not cooperative from the privilege of attending Extended Care. I understand that in order for my child to attend Extended Care that my balance must remain current. Students whose balances are over 14 days in arrears will not be allowed to participate in the Extended Care Program. I have read the policies and procedures regarding the Extended Care Program and agree to the terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Please place a check next to the days you will regularly use Extended Day Care.

Mornings

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Afternoons

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___