

Saint Michael School  
80 Maple Avenue  
North Andover, MA 01845



Phone (978) 686-1862  
Fax (978) 688-5144  
st-michael@comcast.net  
www.saintmichael.com

### Saint Michael School Extended Day Emergency/Enrollment Form

ONLY COMPLETE THIS FORM IF YOU WILL BE UTILIZING EXTENDED DAY SERVICES.  
**RECEIPT OF THIS FORM WILL GENERATE YOUR ENROLLMENT FEE OF \$10 PER FAMILY.**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber \_\_\_\_\_ Carrier \_\_\_\_\_

Parent Name \_\_\_\_\_ email \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Company Name/Address \_\_\_\_\_

Parent Name \_\_\_\_\_ email \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Company Name/Address \_\_\_\_\_

THIS FORM IS TWO PAGES, PLEASE TURN OVER

Emergency Contacts (this must be filled out)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are there any special accommodations/allergies/concerns that you feel we should know about?

I on my behalf, individually and as parent/guardian of my child and on behalf of my child, our heirs, executors and administrators, hereby release and forever discharge the Roman Catholic Archbishop of Boston, a Corporation Sole, its agents, servants, employees, coaches, assistant coaches, principals, teachers, instructors, volunteers and priests and each such person's agents, representatives, successors or assigns from any and all claims and for personal injury or property damages which I, individually and as parent/guardian of my child and on behalf of my child, may have arising out of or in any way related to the aforementioned field trip, activity or event. I also state that I am not aware of any health reasons which would prohibit or limit my child's participation in this field trip, activity or event. I, as the parent or guardian of the above name student, authorize the staff and personnel of Saint Michael School to treat my son or daughter in case of emergency. Further, I release the staff and personnel of Saint Michael School from any act or omission conducted in the course of rendering such care to my child. In the event of an emergency, children will be taken to the nearest hospital, unless otherwise notified. I (we) understand and agree to pay all fees associated with my child(ren)'s participation and attendance in this and any programs sponsored by St. Michael School. Parents are required to sign their child in to extended day if they are attending before 9:50am and sign their child out of extended day if they are attending after 3:15pm. I (we) have read and will adhere to the Information Update that is attached to this form.

Parent's Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Any student dropped off prior to 8:50am will be charged an extended day fee. Occasionally students come in early or stay late to attend extra help sessions, test make ups, etc. Once your child completes their assigned before/after school activities (or if that activity has been cancelled or changed) they will be charged extended day fees.

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## EXTENDED DAY INFORMATION

PLEASE READ AND KEEP FOR FUTURE USE

### GENERAL INFORMATION

The program is available Monday through Friday. During the School Year, Extended Day runs from 7:00am to 8:50am and then again from 3:15pm to 5:30pm.

### REGISTRATION FEES

Registration Fees are required and allow us to purchase supplies, equipment and snacks for this program. These fees are non-refundable. School Year Program is \$10 per family.

### TUITION

The tuition for the Saint Michael Extended Day Program is priced competitively. Tuition is **\$6.00 per hour per child** and is accumulated daily. Tuition is charged by the whole hour. Parents will sign their children in prior to 8:50am and are responsible to sign their children out after 3:15pm. Bills will be rendered weekly. **Payment is due on receipt of the bill.** Accounts more than two weeks in arrears will be assessed a \$10.00 late charge. Late fees are accumulated weekly.

### FOR STUDENTS WHO ATTEND EXTRA HELP SESSIONS, MAKE UPS, ETC.

Any student dropped off prior to 8:50am will be charged an extended day fee. Occasionally students come in early or stay late to attend extra help sessions, test make ups, etc. Once your child completes their assigned before/after school activities (or if that activity has been cancelled or changed) they will be charged extended day fees.

### LATE PICK-UP POLICY

In fairness to the staff, a late fee will be charged the second time, and any subsequent time, your child is picked up later than the designated closing time of 5:30 PM. Except for extreme circumstances (to be determined at the discretion of the Principal), you will be charged \$2.00 for each minute after 5:30 PM. This fee will be added directly to your bill. Please call ahead 978-686-4151 if you are going to be late and help alleviate the anxieties of your child and staff members.

### PHONE NUMBER

Please note the extended day phone number is 978-686-4151. The school phone number is not available after normal school hours.

\*above information is subject to change without notice