

**ST. MICHAEL CATHOLIC SCHOOL  
AFTER SCHOOL PROGRAM (ASP) REGISTRATION APPLICATION  
2022-2023**

To register and enroll your child/children in ASP, please complete the following application and return to the SMCS office with your completed *SY 2022-2023 Registration, Tuition and Fees* forms and your registration payment. **Your child/children will not be registered and enrolled unless all forms and payment have been received. Space is limited so register early to reserve your place. Students must be in grades Pre-K through 4<sup>th</sup>.**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

**Please check the correct box for your family – failure to complete this section will delay registration.**

- \$100/month per child **Full-time** (5 hours or more per week)
- \$50/month per child **Part-time** (5 hours or less per week)

**Part-time status:** You are **required** to indicate your part-time status.

**Check either option 1 or 2.**

\_\_\_\_\_ 1. Daily attendance but less than 5 hours total per week *-do not mark if your child/children will not be in ASP daily*

\_\_\_\_\_ 2. Monday Tuesday Wednesday Thursday Friday (**Circle** only those days your child/children will attend ASP.)

**Please note:** August and December fees are prorated at \$50 for Full-time and \$25 for Part-time per child..  
There are no *drop-ins* allowed due to limited space.

I understand that ASP charges must be paid through *FACTS* according to the tuition payment plan established or included with my cash/check annual payment or biannual payment. The school office will not accept monthly cash/check ASP payments. I understand that I am required to pay the ASP charges (full-time or part-time) regardless of my child/children's attendance. I understand that if my child/children are not picked up by 5:30 p.m., my account will be charged a \$25 late fee. I acknowledge that I have read and understand the **St. Michael After School Program Handbook** located on the school's website, [www.stmichaelswords.org](http://www.stmichaelswords.org) under the parent information tab. I understand that administration has a right to refuse After School Program services to my family if we do not follow these policies.

\_\_\_\_\_  
Printed Name of Parent/Guardian

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