ST. MICHAEL CATHOLIC SCHOOL
AFTER SCHOOL PROGRAM (ASP) REGISTRATION APPLICATION
2026-2027

To register and enroll your child/children in ASP, please complete the following application and return to the SMCS office with your completed *SY 2026-2027 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.**

_____ _____
Student's Name Grade

_____ _____
Student's Name Grade

_____ _____
Student's Name Grade

_____ _____
Student's Name Grade

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

☐ $100/month **Full-time** (daily attendance over 5 hours)

☐ $50/month **Part-time** (5 hours or less per week)

You are ***required*** to indicate your part-time status. **Check either option 1 or 2. Part-time status:**

_____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: December fees are prorated at $50 for Full-time and $25 for Part-time.
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 for 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***. I understand that administration has a right to refuse the After School Program services to my family if we do not follow these policies.

_____
Printed Name of Parent/Guardian

_____
Signature of Parent/Guardian Signature

Revised 2/2026