REGISTRATION FORM 2025-2026 St. Michael-St. Clement School Extended Care Intent Form

In order to plan for the Extended School Care staffing needs for next year, we are asking you to submit your intent at this time. Completing your intent now will ensure you have a spot as school begins for the new year. You will be asked to complete a full registration packet before school begins. Before School Care will be held in the Labourè Building and students may enter from 7:00 AM – 7:40 AM using the entrance on Madeline Avenue.

Please select type of progr	ram: Full time	e After Care (5 days a week, includes half day	
(CHECK ALL THAT AP	PPLY) dism	dismissals)	
	Part Tim	e After Care (3 days per week)	
	Emerger	ncy Drop in Plan ONLY (includes 10 days)	
	Early Dis	ssal Days Only	
	Before S	chool Care	
FULL TIME	5 days a week	\$300 monthly fee	
PART TIME	3 days a week	\$180 monthly fee	
Emergency/Drop-In	10 days – prepaid	\$200 per year	
Early Dismissal Only	Per ½ day	\$65 per occurrence	
Before Care		\$150 monthly fee	
All additional payments w	rill be made through FACTS be	tion fee will be made through FACTS in August. ginning in September. Please specify below ase PRINT.	
All additional payments w what day you would like pa		ginning in September. Please specify below ase PRINT	
<u>All additional payments w</u>	rill be made through FACTS be	ginning in September. Please specify below	
All additional payments w what day you would like pa	rill be made through FACTS be	ginning in September. Please specify below ase PRINT	
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All additional payments we what day you would like part child's Name Child's Name Child's Name Parent Name:	rill be made through FACTS be ayments to be withdrawn. Ple	ginning in September. Please specify below ase PRINT. Grade Grade Grade Grade Phone Number:	