

**REGISTER EARLY for 2023-2024**  
**St. Michael-St. Clement School**  
**Extended Care Intent Form**

Dear Parent/Guardian:

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 Labourè Building and students may enter from 7:00AM – 7:30AM using the entrance on Madeline Avenue.

**Registration Fee \$100.00 per family (NON-REFUNDABLE)**

**Please select type of program:** \_\_\_\_\_ Full time After Care (5 days a week, includes half day dismissals)  
**(Check all that apply)** \_\_\_\_\_ Part Time After Care (3 days a week)  
\_\_\_\_\_ Emergency Drop in Plan ONLY (includes 10 days)  
\_\_\_\_\_ Early Dismissal Days Only  
\_\_\_\_\_ Before School Care

<b>FULL TIME</b>	<b>5 days a week</b>	<b>\$275 monthly fee</b>
<b>PART TIME</b>	<b>3 days a week</b>	<b>\$160 monthly fee</b>
<b>Emergency/Drop-In</b>	<b>10 days – prepaid</b>	<b>\$160 per year</b>
<b>Early Dismissal Only</b>	<b>Per ½ day</b>	<b>\$30</b>
<b>Before Care</b>		<b>\$65 monthly fee</b>

Please return this form to the school office. The registration fee will be made through FACTS in August. All additional payments will be made through FACTS beginning in September. Please specify below what day you would like payments to be withdrawn. **Please PRINT.**

\_\_\_\_\_  
**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

\_\_\_\_\_  
**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

\_\_\_\_\_  
**Child's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Parent Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Payment Date** \_\_\_\_\_