



Extended Day Program

AFTER SCHOOL PROGRAM. CHILDREN AT PLAY.

St. Michael School’s Extended Day Program provides on-site childcare immediately following the school day for our students. This program welcomes students in full-day kindergarten through 6th grade. Offering homework assistance and a variety of activities and games for students’ enjoyment while in our care, the Extended Day Program is available every day that St. Michael School is in session, except for half days.

Hours | Fees | Payment

- **Required minimum scheduling of two days per week, per child**
- Available **2:50 p.m. – 5:30 p.m.** everyday that school is in session, except for half days
- Billed through Tuition Express via ProCare Childcare Systems (cash, check, Mastercard & Visa only)
- There is no price reduction for early pick-up.
- A late fee will be charged automatically through ProCare beginning at 5:35 p.m.
- Payments are withdrawn on the 20th of the month, September through June

Non-Refundable Registration Fee: \$20.00 per child, per school year

One Day	Two Days	Three Days	Four Days	Five Days
-	\$26.00	\$39.00	\$52.00	\$65.00

Drop-in/No Schedule: \$18.00 per child, per day

Late Charge: \$1.00 per minute after 5:35 p.m.

Reserve Your Spot Today!

Please complete this registration packet, including the attached Tuition Express form and return to the St. Michael Parish or School Office, or email to EDP director, Sarah Francis at sfrancis@stmichaelsharonville.org.

Returning Families: Please return all paperwork by Thursday, May 26, 2022. Your registration fee will automatically be applied on Monday, June 20, 2022, with your family’s final billing cycle unless otherwise requested.

New Families: Return all paperwork and registration fee(s) by Friday, July 15, 2022. Your registration fee is due at the time of application, please make checks payable to St. Michael Parish.

If you have any questions or concerns, please contact Sarah Francis, EDP Director at (513) 687-3303 or email sfrancis@stmichaelsharonville.org.



Family Enrollment Plan

EXTENDED DAY PROGRAM. CHILDREN AT PLAY.

PLEASE PRINT

Children to be enrolled in Extended Day Program:

Name : _____

Circle child's grade for 2022-2023 academic year: K 1 2 3 4 5 6

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Name : _____

Circle child's grade for 2022-2023 academic year: K 1 2 3 4 5 6

Days of the week expected to use Extended Day Program:

*Two days weekly minimum

Elect which days your child(ren) will attend EDP

- _____ Mon _____ Always _____ Sometimes
- _____ Tue _____ Always _____ Sometimes
- _____ Wed _____ Always _____ Sometimes
- _____ Thu _____ Always _____ Sometimes
- _____ Fri _____ Always _____ Sometimes

To have adequate staff in place per Ohio guidelines, as well as requirements laid out by the Archdiocese of Cincinnati, we must know how many students to expect for the upcoming school year.

Parent/Legal Guardian Signature

_____/_____/_____
Date



Registration and Medical Release

EXTENDED DAY PROGRAM. CHILDREN AT PLAY.

PLEASE PRINT

Child's Name: _____ Date of Birth ____/____/____

Circle child's grade for 2022-2023 academic year: K 1 2 3 4 5 6

Home Address: _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

Email: _____

Place of Employment: _____

Mother's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

Email: _____

Place of Employment: _____

My child, _____, has permission to participate in the Extended Day Program at St. Michael Parish School. I understand this program includes, but is not limited to study groups, crafts, movies, and other recreational programs. I further agree to indemnify the Archdiocese of Cincinnati or St. Michael Parish, shall not be held liable for any injury or loss of clothing, schoolbooks, toys, etc. which my child may sustain while participating in this program.

Parent/Legal Guardian Signature

_____/_____/_____
Date



ARCHDIOCESE OF CINCINNATI RELEASE AND INDEMNIFICATION OF THE MEDICAL POWER OF ATTORNEY

- I, the lawful parent or guardian of _____, release from all liability, and indemnify and hold harmless the Archbishop of Cincinnati, both individually and as trustee for the Archdiocese of Cincinnati and all parishes with the Archdiocese, and the officers, agents, representatives, volunteers, and employees of either the Archdiocese or any parish thereof (agents) from any and all liability, actions, causes of actions, claims, judgements, cost or expenses, including attorney fees, known or unknown at this time, arising out of or on any way related to any injury or illness incurred by my child while participating in or traveling to or from the activity.
- I agree to instruct my child to cooperate with all agents of the Archbishop in charge of the activity.

Medical Release:

3. CONSENT FOR EMERGENCY MEDICAL TREATMENT AND HOLD HARMLESS AGREEMENT

I, the lawful parent or guardian of _____, give permission for emergency medical treatment of my child for illness or accident if we cannot be contacted at the numbers listed above first, and below second.

Person to notify other than Parent or Guardian in the case of emergency:

Name: _____

Relationship to Child: _____ Phone: (_____) _____ - _____

Does your child have any allergies or take special medications? Yes/No

If yes, please explain: _____

Chronic conditions (asthma, epilepsy, etc.): _____

Preferred Physician: _____ Phone: (_____) _____ - _____

Preferred Dentist: _____ Phone: (_____) _____ - _____

Preferred Hospital: _____

 Parent/Legal Guardian Signature

_____/_____/_____
 Date



Pick-up Permissions

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PLEASE PRINT

PLEASE LIST ALL PERSONS PERMITTED TO PICK UP YOUR CHILD

Child's Name: _____ Date of Birth ____/____/_____

Circle child's grade for 2022-2023 academic year: K 1 2 3 4 5 6

Father's Name: _____

Mother's Name: _____

1. Name: _____

Relationship to Child: _____ Phone: (_____) _____ - _____

Address: _____

2. Name: _____

Relationship to Child: _____ Phone: (_____) _____ - _____

Address: _____

3. Name: _____

Relationship to Child: _____ Phone: (_____) _____ - _____

Address: _____

4. Name: _____

Relationship to Child: _____ Phone: (_____) _____ - _____

Address: _____

Parent/Legal Guardian Signature

_____/_____/_____
Date