



St Michael Extended Day Program

AN AFTER-SCHOOL ENRICHMENT MINISTRY

The St. Michael Parish Extended Day Program is pleased to offer an on-site, safe & convenient after school childcare option to our school families. From the first day in August to the last day in May, upon your little Mustang’s school dismissal a member of the Extended Day Staff will be ready and waiting to greet your child(ren) and welcome them with a smile. Our program hosts students in full-day Kindergarten through grade 7. Parents and/or Guardians can expect mandatory homework completion for ALL students in grades 1-7 along with any needed assistance, an after-school snack upon arrival, as well as a variety of age-appropriate enrichment activities and games for students’ enjoyment while they’re in our care. The St Michael Extended Day Program is available every day that St. Michael Parish School is in session, except half days.

Hours | Fees | Payment

- **Annual Non-Refundable Registration Fee of \$25.00 per child, per family to secure your child(ren) spot in our program.**
- **Required minimum scheduling of *two days per week, per child.***
- **Hours of operation are 2:50 p.m. – 5:30p.m. every day that St Michael Parish School is in session. (Exception being half days).**
- **Automatic monthly billing via Tuition Express & ProCare Childcare Systems, beginning September 20th with final payment deduction on June 20th. (Cash, Check, Mastercard, Visa)**
- **There is no price reduction for early pick-up.**
- **Beginning at 5:35p.m. a late fee of \$1.00 per minute, per child will be billed to your account and applied to next month’s billing cycle.**

One Day	Two Days	Three Days	Four Days	Five Days
-	\$30.00	\$45.00	\$60.00	\$75.00

Non-Scheduled: \$20.00 per child, per day

Late Arrival: \$1.00 per minute, per child beginning at 5:35p.m.

Reserve Your Spot Today!

Please complete all forms, including the required Tuition Express before returning. Finished packets & forms can be returned to the St. Michael Parish or School Offices, Attn: Mrs. Francis, or emailed to sfrancis@stmichaelsharonville.org.

Returning Families: *Please return all paperwork by Monday, May 15, 2023.* Your family’s registration fee(s) will automatically be applied to your final balance on Tuesday, June 20, 2023, unless otherwise requested.

New Families: *Please return registration packet, Tuition Express form and any registration fee(s) by Friday, June 30, 2023.*

Registration fee(s) is due at the time of program enrollment, please make checks payable to St. Michael Parish.

For any questions or concerns, please contact Mrs. Sarah Francis, EDP Director at (513) 687-3303 or email

sfrancis@stmichaelsharonville.org.



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PLEASE PRINT CLEARLY

2023-2024 Child(ren) enrolling in the Extended Day Program & Grade level:

Name:

2023-2024: K 1 2 3 4 5 6 7

Name:

2023-2024: K 1 2 3 4 5 6 7

Name:

2023-2024: K 1 2 3 4 5 6 7

Name:

2023-2024: K 1 2 3 4 5 6 7

Anticipated Attendance:

Please indicate anticipated EDP attendance for your child(ren)

Two-day REQUIRED weekly minimum

Mon **Always** **Sometimes**

Tue **Always** **Sometimes**

Wed **Always** **Sometimes**

Thu **Always** **Sometimes**

Fri **Always** **Sometimes**

To meet staffing requirements per Ohio safety guidelines, as well as regulations passed down by the Archdiocese of Cincinnati, we must have a rough estimate as to the number of daily expected students for the upcoming school year.

Parent/Legal Guardian Signature

____/____/____

Date



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PLEASE PRINT CLEARLY

2023-2024 Consent & Medical Release:

ONE PER CHILD/ PER FAMILY

Child's Name: _____

Date of Birth: ___/___/_____

Child's grade entered in 2023-24 academic year:

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 my permission to participate in planned activities and/or on-site educational presentations while attending the Extended Day Program at St. Michael Parish. I understand this program includes, but is not limited to study groups, art projects, movies, occasional outside presenters, and other recreational programs. I further agree to indemnify the Archdiocese of Cincinnati and shall not hold them or St Michael Parish and/or School liable for any injury or loss of clothing, personal items, schoolbooks, any technology, toys, etc. which my child(ren) may sustain while participating in the Extended Day 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 within 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 to person(s), damage to property or illness incurred by my child(ren) while participating in or traveling to or from all Extended Day Program activities.
- I agree to instruct my child to cooperate with all staff, faculty, administration, and/or agents 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 ANY 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



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PLEASE PRINT CLEARLY

PLEASE LIST ALL PERSONS PERMITTED TO PICK UP YOUR CHILD

Child's Name: _____

Date of Birth ____/____/____

Circle child's grade for 2023-24 academic year:

Father's Name: _____

Mother's Name: _____

Name: _____

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

Address: _____

1. Name: _____

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

Address: _____

2. Name: _____

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

Address: _____

3. Name: _____

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

Address: _____

Parent/Legal Guardian Signature

____/____/____
Date