



St Michael's Catholic School
After School Program
Schedule Agreement
2023 2024 School Year

Section 1 - Schedule - One page per student, print additional pages as required. Please print clearly.

Name of Child:			Date of Birth:		
<input type="checkbox"/> After School only	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

If we offered a before school program, would you use it? Yes No

What time would you need it to start?

Section 2 - Billing Information (this should be the same name that appears on the ACH Authorization form)
PLEASE PRINT CLEARLY

Name of Person(s) to Invoice:
Address:
City, Postal Code:
Phone Number:
Email Address:

<u>OFFICE USE ONLY:</u>			St Michael's Program	EDP1	EDP2	After School
ACH Form on File	YES	NO	New Family	YES	NO	Registration Fee NA YES NO
Returning Family	YES	NO	Start Date:	Withdrawal Date:		
Schedule Change	YES	NO	Effective date of Change:			
Notes:						