

**St. Michael's School
Adventures Plus Childcare Program
Registration Form
Kindergarten - Eighth Grade
2012 - 2013**

Please check one of the following:

P.M. _____ 2:15 – 4:30 P.M.
P.M. _____ 4:30 – 6:00 P.M.
Both _____

Student's Name: _____ **D.O.B.** _____ **M or F**
(Last) (First) (Middle Initial)

Address: _____
(City) (State) (Zip code)

Home Phone #: _____

Grade for 2012 - 2013 School Year: _____ **Reside in School District #:** _____

Weekday Enrollment: Mon. ___ Tue. ___ Wed. ___ Thu. ___ Fri. ___

Fees:

\$75.00 per family registration fee

\$9.50 per session per child

Drop In Care:

\$75 per family registration fee with unlimited drop in care for \$9.50 per session per child

No registration fee for \$12.00 per session per child.

Parental Information:

Marital Status: Married: ___ Widowed: ___ Separated: ___ Remarried: ___ Divorced: ___ Single: ___

Student lives with and when: _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Work/Cell Phone: _____ Work/Cell Phone: _____

Email: _____ Email: _____

Is your child presently receiving services for any special needs? If so, please explain:

Does your child have any allergies? If so, please list: _____

As a parent or legal guardian, I hereby certify that the above information is accurate at the time of enrollment. I understand it is my responsibility to update and make corrections to enrollment forms as needed.

Signature of Parent

Date

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Office Use Only: Date Registration Form Received: _____

Date Registration Fee Received: _____

Check # or Cash: _____