

Permission Form
St. Michael After Care Program

I would like to have my child/children, _____, enrolled in the St. Michael After Care Program.

- On a **regular** basis. I will use the After Care Program **more than 40 hours per month** and I understand that I will be billed \$125 per month for the months of September through May. To compensate for the Christmas and Easter Breaks, there is no charge for this option for the months of August and June.
- On a **drop-in** basis. I will use the After Care Program **less than 40 hours per month** and I understand that I will be billed \$3.00 per hour or any portion thereof.

Please choose your option carefully. Your choice should be made based upon the total number of hours per month you anticipate needing After Care Services.

Please check specific days of the week your child will attend the program throughout the year. Pick up time will be _____.

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Date

Signature of Parent or Guardian