

# St. Michael's ECC Contract

## March 2023

### Before & After School Program



Address: 9444 W. Saginaw Rd. Reese, MI 48757    Phone: (989)-868-3830    Email: ecc@stmichaelsrichville.org

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Please Print

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

Based on the information you provide, you will be registered in our program for the days and pick up and drop off times you select. We will limit enrollment for other students based on your child's scheduled times. Per program rules, you will be billed per the contracted days you have noted. When you need to change these days/times, you need to **complete a new contract** and return it to the director or assistant director **by the 19th of this month.**

**7.25 or Less Hours: \$5.00 an Hour / More than 7.25 Hours: \$37 a Day**

		<b>1</b> <input type="checkbox"/> Wednesday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Wednesday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP	<b>2</b> <input type="checkbox"/> Thursday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Thursday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP	<b>3</b> <input type="checkbox"/> Friday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Friday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP
<b>6</b> <input type="checkbox"/> Monday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Monday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP	<b>7</b> <input type="checkbox"/> Tuesday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Tuesday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP	<b>8</b> <input type="checkbox"/> Wednesday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Wednesday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP	<b>9</b> <input type="checkbox"/> Thursday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Thursday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP	<b>10</b> <input type="checkbox"/> Friday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Friday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP
<b>13</b> <input type="checkbox"/> Monday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Monday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP	<b>14</b> <input type="checkbox"/> Tuesday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Tuesday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP	<b>15</b> <input type="checkbox"/> Wednesday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Wednesday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP	<b>16</b> <input type="checkbox"/> Thursday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Thursday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP	<b>17</b> <b>St. Patrick's Day</b> <input type="checkbox"/> Friday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Friday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP
<b>20</b> <input type="checkbox"/> Monday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Monday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP	<b>21</b> <input type="checkbox"/> Tuesday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Tuesday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP	<b>22</b> <input type="checkbox"/> Wednesday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Wednesday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP	<b>23</b> <input type="checkbox"/> Thursday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Thursday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP	<b>24</b> <input type="checkbox"/> Friday Before School _____ to <u>7:30am</u> Drop Off      Zero Hour  <input type="checkbox"/> Friday After School <u>SML or Bus</u> to _____ Drop Off      Pick UP
<b>27</b> <b>SML Spring Break</b> <b>No School</b>  <input type="checkbox"/> Monday All Day Care _____ to _____ Drop Off      Pick UP	<b>28</b> <b>SML Spring Break</b> <b>No School</b>  <input type="checkbox"/> Tuesday All Day Care _____ to _____ Drop Off      Pick UP	<b>29</b> <b>SML Spring Break</b> <b>No School</b>  <input type="checkbox"/> Wednesday All Day Care _____ to _____ Drop Off      Pick UP	<b>30</b> <b>SML Spring Break</b> <b>No School</b>  <input type="checkbox"/> Thursday All Day Care _____ to _____ Drop Off      Pick UP	<b>31</b> <b>SML Spring Break</b> <b>No School</b>  <input type="checkbox"/> Friday All Day Care _____ to _____ Drop Off      Pick UP

Parent Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

-----For Office Use Only-----

Received by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_