

St. Michael's ECC 2022- 2023 School-Age Program Registration Form

Grades K-6 (ages 5-12)

(One per Family)



Address: 9444 W. Saginaw Rd. Reese, MI 48757

Phone: (989)-868-3830

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1st Child's Name _____

Male: _____ Female: _____ Date of Birth: ___/___/___ Age: _____

2nd Child's Name _____

Male: _____ Female: _____ Date of Birth: ___/___/___ Age: _____

3rd Child's Name _____

Male: _____ Female: _____ Date of Birth: ___/___/___ Age: _____

4th Child's Name _____

Male: _____ Female: _____ Date of Birth: ___/___/___ Age: _____

Home/Mailing Address _____

City _____ Zip _____

Parent living at home with the child (circle): Mother Father Guardian (please explain)

For Tax Purposes: Parents are married _____ Parents are not married _____

Father's or Guardian's Information

Mother's or Guardian's Information

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Texting: Y or N

Texting: Y or N

Email address: _____

Email address: _____

Church Denomination: _____

Church Denomination: _____

Occupation: _____

Occupation: _____

Name of Employer: _____

Name of Employer: _____

Health Insurance

Policy name _____

Policy Number _____

In the event of a medical emergency, I hereby give St. Michael's School Age Child Care Program permission to seek medical attention for my child as necessary (after attempts to reach the parents and emergency contacts have failed).

(SIGN HERE) _____

I will need care on snow days and no-school days – Yes or No

I understand that the school age child care program follows the St. Michael's school schedule. If my child attends a different school and that school has a day off, school age child care WILL NOT BE AVAILABLE if St. Michael's school is in session.

I understand that I will need to pay my bill by the end of each week. Bills will be be posted on brightwheel weekly.

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

****Art/Crafts Fee \$25.00(per child; due in September each year; non-refundable)****

NEW FAMILIES ONLY

Your placement will be secured when you have paid a non-refundable enrollment fee of \$100 per child and this registration contract.

I UNDERSTAND THAT THIS REGISTRATION FEE IS NON-REFUNDABLE.

Current Date: ___/___/___ Parent Signature _____

Current Date: ___/___/___ Parent Signature _____