

St. Michael's ECC Contract

March 2023

Infant Room

Ones Room

Twos Room



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

Phone: (989)-868-3830

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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, you need to **complete a new contract** and return it to the director or assistant director **by the 19th of this month.**

** \$5 Discount for 5 day a week family**

** Extra \$1 a day Discount for 2 or more children from the same family**

5 or Less Hours: \$9.00 an Hour / More than 5 Hours: \$45 a Day

		1 <input type="checkbox"/> Wednesday _____ to _____ Drop Off Pick UP	2 <input type="checkbox"/> Thursday _____ to _____ Drop Off Pick UP	3 <input type="checkbox"/> Friday _____ to _____ Drop Off Pick UP
6 <input type="checkbox"/> Monday _____ to _____ Drop Off Pick UP	7 <input type="checkbox"/> Tuesday _____ to _____ Drop Off Pick UP	8 <input type="checkbox"/> Wednesday _____ to _____ Drop Off Pick UP	9 <input type="checkbox"/> Thursday _____ to _____ Drop Off Pick UP	10 <input type="checkbox"/> Friday _____ to _____ Drop Off Pick UP
13 <input type="checkbox"/> Monday _____ to _____ Drop Off Pick UP	14 <input type="checkbox"/> Tuesday _____ to _____ Drop Off Pick UP	15 <input type="checkbox"/> Wednesday _____ to _____ Drop Off Pick UP	16 <input type="checkbox"/> Thursday _____ to _____ Drop Off Pick UP	17 St. Patrick's Day <input type="checkbox"/> Friday _____ to _____ Drop Off Pick UP
20 <input type="checkbox"/> Monday _____ to _____ Drop Off Pick UP	21 <input type="checkbox"/> Tuesday _____ to _____ Drop Off Pick UP	22 <input type="checkbox"/> Wednesday _____ to _____ Drop Off Pick UP	23 <input type="checkbox"/> Thursday _____ to _____ Drop Off Pick UP	24 <input type="checkbox"/> Friday _____ to _____ Drop Off Pick UP
27 SML Spring Break <input type="checkbox"/> Monday _____ to _____ Drop Off Pick UP	28 SML Spring Break <input type="checkbox"/> Tuesday _____ to _____ Drop Off Pick UP	29 SML Spring Break <input type="checkbox"/> Wednesday _____ to _____ Drop Off Pick UP	30 SML Spring Break <input type="checkbox"/> Thursday _____ to _____ Drop Off Pick UP	31 SML Spring Break <input type="checkbox"/> Friday _____ to _____ Drop Off Pick UP

Parent Signature: _____ Date: ___/___/___

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

Received by: _____ Date: ___/___/___ Used Personal Days: 1,2,3,4,5,6,7,8,9,10,11,12