



**St Michael's Catholic School**  
**After School Program**  
**Schedule Agreement**  
**2024 2025 School Year**

**Section 1 - Schedule - One page per student, print additional pages as required. Please print clearly.**

Name of Child:			Date of Birth:		
<input type="checkbox"/> After School only	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

If we offered a before school program, would you use it?      Yes      No

What time would you need it to start?

**Section 2 - Billing Information (this should be the same name that appears on the ACH Authorization form)**  
**PLEASE PRINT CLEARLY**

Name of Person(s) to Invoice:
Address:
City, Postal Code:
Phone Number:
Email Address:

<u>OFFICE USE ONLY:</u>			St Michael's Program	EDP1	EDP2	After School
ACH Form on File	YES	NO	New Family	YES	NO	Registration Fee      NA      YES      NO
Returning Family	YES	NO	Start Date:	Withdrawal Date:		
Schedule Change	YES	NO	Effective date of Change:			
Notes:						