

St Michael Catholic School
After School Program
Schedule Agreement
2019 2020 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	

Section 2 – Billing Information – Please print clearly.

Name of Person(s) to Invoice	_____
Address	_____
City, Postal Code	_____
Phone Number	_____
Primary Email Address	_____
Alternate Email Address to send copy of invoice if required	_____

Section 3 – Payment (select one)

- Automatic Withdrawal Monthly
 On Line Banking Bill Payment
 Cash, Cheque, Credit Card, Debit Card

I understand that if it is my child's scheduled day to attend the program I will be charged the above prices including statutory holidays, whether my child is at the program or not. I understand that payment is due in advance.

X _____ _____
 Parent Signature Date

<u>OFFICE USE ONLY:</u>																			
BILLING CODE				_____															
BILLING CODE				_____															
SUBSIDY, if applicable						Subsidy Expiry													
PC, if applicable						_____													
ACH Form on File			YES	NO	New Family			YES	NO	Registration Fee				NA	YES	NO			
Returning Family			YES	NO	Start Date:				Withdrawal Date:										
SEP		OCT		NOV		DEC		JAN		FEB		MAR		APR		MAY		JUN	
Schedule Change:			YES	NO	Effective date of Change:														
NOTES:																			