

St Michael Catholic School
After School Program
Schedule Agreement
2021 2022 School Year

Section 1 – Schedule - One Page per Student, print additional pages as required. Please print clearly.

Name of Child: _____ Date of Birth: _____

After School only
 Monday Tuesday Wednesday Thursday 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

Automatic Withdrawal Monthly (ACH) Only

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 _____ Date _____

Parent Signature

OFFICE USE ONLY: St Michael's Program EDP1 EDP2 After School

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:													
Schedule Change	YES	NO	Effective date of Change:																
SEP		OCT		NOV		DEC		JAN		FEB		MAR		APR		MAY		JUN	

Notes: _____