

St. Margaret Mary Alacoque School
2016-2017
After School Care Registration

The SMMA After Care Program provides quality instruction for children, ages 3 through 12, who attend SMMA School. Our goal is to provide a safe environment where students can continue to live out the mission of being the hands, heart and feet of Christ after regular school hours. Children will be challenged daily by choosing from self-guided learning centers, academic assistance, as well as large and small group activities.

Monthly Fee Schedule for the After Care Program

	1 Child	2 Children	3 Children
1 day	\$40	\$65	\$90
2 days	\$80	\$130	\$180
3 days	\$120	\$195	\$270
4 days	\$160	\$260	\$360
5 days	\$200	\$325	\$450

The After Care Program will be held in the school cafeteria. On days that the cafeteria is unavailable, students will meet in the Middle School Art room. Attendance will be taken every day at 2:50PM. Children must be picked up by 6:00PM.

Children remaining after 6:00PM will be charged an additional \$1.00 per minute for each minute after 6:05PM. Emergencies will be handled on a case-by-case basis, and a phone call to the school office at 314-487-1666 must be made.

Key Information:

- Fees are billed by SMMA Finance Office on a 9-month cycle (September-May).
- Credit is not issued for missed days.
- Drop-In Only Fee is paid on the day care is given.
- Early Dismissal Care fee is \$20 additional per day/per child; children bring a sack lunch.
- Medications are not administered during after care.
- Questions regarding payments can be directed to Kevin Sucher, finance manager.
- Questions regarding After Care policies and procedure can be directed to Marianne Freiling, principal.
- After Care begins on Wednesday, August 17, 2016 and concludes on Thursday, May 25, 2017.

Please complete this form and return to the school office.

Family Name _____ Date: _____

Requested Start Date _____

Mother's Cell: _____ Father's Cell: _____

Emergency Name and Phone Number: _____

Children Registering for After Care

1. _____ Grade: _____

2. _____ Grade: _____

3. _____ Grade: _____

4. _____ Grade: _____

Number of days needed per week for After Care: (1-5) _____

Day(s) needed: (circle) M T W TH F

Check here if you will need only periodic drop-in After Care _____

Drop in rate is \$20 daily for each child. Must call school office at 314-487-1666 by noon of the day care is needed. After care space is limited to 30 students.

Names of authorized persons to pick up students other than parents:

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

Student Allergies or Medical Conditions

By signing this contract, I understand that I have registered for the above sessions and am responsible for the appropriate payment. Should I need to change my schedule, I must notify the school office one week prior to the change.

Parent Signature _____ Date _____

**St. Margaret Mary Alacoque
After School Care Payment Authorization
2016-2017**

Name: _____

Address: _____

City/St./Zip: _____

Phone No.: _____

Financial Institution Name _____
(attach a voided check to this form)

Type of Account (check one): Checking Savings

Routing Number _____

Account Number _____

Select payment type as applicable:

- Monthly payments \$__ taken out the 15th of every month, starting in September 2016 and ending in May 2017.

I (we) hereby authorize St. Margaret Mary Alacoque School to initiate debits as specified above, for payment of my child's tuition and for the financial institution specified by me to pay the amount from my checking or savings account. I understand that both St. Margaret Mary Alacoque Parish and my financial institution reserve the right to terminate this payment plan or my participation therein. This authority is to remain in effect until revoked by me in writing. I (we) acknowledge that the origination of ACH (Automated Clearing House) transaction to my (our) account must comply with the provisions of U.S. law. Any returned payments will be assessed a \$10.00 fee. The form must be returned to St. Margaret Mary Alacoque Parish Office by September 1, 2016.

Date _____ Signed _____