

**St. Michael Parish and School  
Extended Day Program  
11136 Oak Street  
Sharonville, Ohio 45241**

Dear Parent,

The St. Michael Parish School Extended Day Program provides on-site childcare immediately following the school day for the families of St. Michael Parish School. The program accepts students in **full-day Kindergarten through grade 6**. We offer homework assistance and a variety of activities and games for the student's enjoyment while in our care. EDP is open every day that school is in session with the exception of half days and the last day of school.

**Please note that there is a two day-a-week minimum per child.**

Payments throughout the year will be automatically withdrawn on the 20th of every month beginning September 20, 2021 and ending June 20, 2022.

**Fees and hours are as follows:**

**Registration fee: \$15.00** (per child per school year):

**Hours/Cost:** 2:50pm to 5:30pm at **\$11.00** (per child per day)

**\*\*There is no price reduction for early pick up\*\***

*(At 5:35PM you are considered late for pick-up, a charge of \$1.00 per minute will be billed to your ProCare account.)*

**In order to reserve your spot in the EDP program:**

1.) Remit your **\$15.00 per child registration fee** by specified date.

**Returning families** will be automatically charged on **Monday, June 7, 2021.**

**New families** please make your *check payable to St. Michael School.*

2.) **Complete the entire registration packet as well as update your Tuition Express form and turn them in together to the St. Michael School office.**

**Returning Families:** Paperwork due by **Monday, May 24, 2021**

**New families:** Paperwork due no later than, **Friday, May 28, 2021**

If you have questions or concerns please call the school office at (513) 554-3555 or Mrs. Sarah Francis at (513) 687-3303 or send email inquiries to [sfrancis@stmichaelsharonville.org](mailto:sfrancis@stmichaelsharonville.org)

Thank you,  
Mrs. Sarah Francis  
Director, EDP

**ST. MICHAEL EXTENDED DAY PROGRAM (2021/2022)  
REGISTRATION AND MEDICAL RELEASE FORM**

PLEASE PRINT (Both sides)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade in 2021/2022: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

**ARCHDIOCESE OF CINCINNATI RELEASE AND INDEMNIFICATION OF THE  
MEDICAL POWER OF ATTORNEY**

1. I, the lawful parent or guardian of \_\_\_\_\_, release from all liability, and indemnify and hold harmless the Archbishop of Cincinnati, both individually and as trustee for the Archdiocese of Cincinnati and all parishes with the Archdiocese, and the officers, agents, representatives, volunteers, and employees of either the Archdiocese or any parish thereof (agents) from any and all liability, actions, causes of actions, claims, judgments, cost or expenses, including attorney fees, known or unknown at this time, arising out of or on any way related to any injury or illness incurred by my child while participating in or traveling to or from the activity.

2. I agree to instruct my child to cooperate with all agents of the Archbishop in charge of the activity.

Medical Release Form:

**CONSENT FOR EMERGENCY MEDICAL TREATMENT AND HOLD HARMLESS AGREEMENT**

I, the lawful parent or guardian of \_\_\_\_\_, give permission for emergency medical treatment of my child for illness or accident if we cannot be contacted at the numbers listed above first, and below second.

Persons to notify other than Parent of Guardian in the case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your child have any allergies or take special medications?

\_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Chronic conditions (asthma, epilepsy, etc.):

\_\_\_\_\_

Physicians: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

My child, \_\_\_\_\_, has permission to participate in the Extended Day Program at St. Michael School. I understand that this program includes, but is not limited to study groups, crafts, movies, and other recreational programs. I further agree to indemnify the Archdiocese of Cincinnati above, shall not be held liable for any injury or loss of clothing, school books, toys, etc. which my child may sustain while participating in this program.

\_\_\_\_\_

Parent/Legal Guardian Signature

\_\_\_\_\_

Date

**Please list below ALL persons that are allowed to pick up your child.**

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

In order to have adequate staff in place, we must know how many students to expect for the upcoming school year.

**If your child is currently enrolled in EDP, please return your updated registration and Tuition Express forms to the school office by Monday, May 24, 2021 to reserve your spot for the 2021/2022 school year. Your \$15.00 per child registration fee will be charged on Monday, June 7, 2021.**

**If you are a new family, please return your registration forms, Tuition Express form and registration fee by Friday, May 28, 2021. Checks should be made out to St. Michael School.**

PARENT'S NAME \_\_\_\_\_

CHILDREN TO BE ENROLLED IN EXTENDED DAY PROGRAM 2021-2022

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAYS OF THE WEEK EXPECTED TO USE EXTENDED CARE PROGRAM

MON.\_\_\_\_ TUES.\_\_\_\_ WEDS.\_\_\_\_ THURS.\_\_\_\_ FRI.\_\_\_\_

\*\*\* **TWO DAY WEEKLY MINIMUM**\*\*\*

DAYS ARE FIRM \_\_\_\_\_ DAYS WILL VARY \_\_\_\_\_