

St. Michael Catholic School

2021-2022 Stay and Play Registration



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Programs

Stay and Play

11:00 a.m. – 6:00 p.m.

- 2 Days \$88
- 3 Days \$110
- 5 Days \$162

*Drop in - \$47 per day

Early Pick Up Stay and Play

11:00 a.m. – 2:30 p.m.

- 2 Days \$45
- 3 Days \$56
- 5 Days \$82

*Drop in - \$27 per day

Days Attending

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Stay and Play payments are due weekly and at the beginning of the week. Lunch and afternoon snack is included in the Stay and Play fee.

St. Michael Catholic School

14 Main Street North
St. Michael, MN 55376
Phone: 763-515-3931
Fax: 763-497-9159

<http://www.stmcatholicsschool.org>

Student	Full name: _____
	Name to be used at school: _____
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ___/___/___
	Age on the date of registration: _____
	Child resides with: _____

Father	Mother
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Home: (____)____-_____	Home: (____)____-_____
Work: (____)____-_____	Work: (____)____-_____
Mobile: (____)____-_____	Mobile: (____)____-_____
Email: _____	Email: _____

Emergency Contact	Name (other than parent): _____
	Phone: (____)____-_____
	Relationship to Student: _____
	Name (other than parent): _____
	Phone: (____)____-_____
Relationship to Student: _____	
PEOPLE AUTHORIZED TO PICK UP MY CHILD: _____	

Health Information	Doctor: _____
	Clinic: _____
	Phone: (____)____-_____
	Dentist: _____
	Clinic: _____
	Phone: (____)____-_____
	Dietary or Medical Needs: _____
Other Medical, Educational, Behavioral Concerns/Diagnosis: _____	

Registration of the student is only complete when the Registration Form is filled out in its entirety, signed, and submitted.

Parent/Guardian Signature: _____ Date: ___/___/___

Email Address: _____

St. Michael Catholic School

2020 - 2021 Stay and Play Tuition Agreement



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Responsible Billing Party	Stay and Play Tuition Calculator	TOTALS
Full Name: _____ Street Address: _____ _____ City/State/Zip: _____ _____ Home: (____)____-_____ Mobile: (____)____-_____ Email: _____ Relationship to Student: _____	<p>Stay and Play: 11:00 a.m. – 6:00 p.m.</p> <input type="checkbox"/> \$88 – 2 Days – Prepaid and Due Weekly <input type="checkbox"/> \$110 – 3 Days – Prepaid and Due Weekly <input type="checkbox"/> \$162 – 5 Days – Prepaid and Due Weekly *Drop in - \$47 per day	
	<p>Early Pick Up Stay and Play</p> <p>11:00 a.m. – 2:30 p.m.</p> <input type="checkbox"/> 2 Days \$45 <input type="checkbox"/> 3 Days \$56 <input type="checkbox"/> 5 Days \$82 *Drop in - \$27 per day	\$
	<p>TOTAL COST:</p>	\$
	<p>Weekly Payment Option Due the 1st day of each week</p>	<input type="checkbox"/> Weekly EFT

TUITION ACCOUNTS MUST BE KEPT CURRENT AND PAID-IN-FULL BY THE FIRST DAY OF THE WEEK

- All tuition payments are non-refundable.
- Checks should be payable to “St. Michael Catholic School.”
- All tuition payments are to be submitted according to the dates outlined in this contract and the options selected/agreed to by the responsible parties. Payment is expected for all charges incurred whether your child attends Stay and Play on their scheduled day(s) or not.
- Past-due tuition is automatically subject to a \$25 late fee that is not applied to tuition. Past-due payments are not considered received unless the late fee accompanies the payment.
- Payments received after 6:00 p.m. on the first day of each week is considered past due.
- Any payment returned for insufficient funds will be subject to a \$30 fee and requires immediate redemption by the family.
- No account will be allowed to be more than one week past due. Your child's spot will be held for one week. If the account is not paid in full at the end of the week, your family will be dismissed from St. Michael Catholic Preschool and past due payments will be expected within 30 days.

By signing this Tuition Agreement, I understand that I am responsible for Stay and Play Tuition.

Parent/Guardian Signature: _____ Date: ___/___/___