



# St. Michael's School

9387 Holmes Street, Burnaby, BC V3N 4C3

Telephone (604) 526-9768 Fax (604) 540-9799

Website: [www.stmichaelschool.ca](http://www.stmichaelschool.ca)

## St. Michael's After School Club 2025 - 2026

### Fees

#### OPTION 1- FULL-TIME PROGRAM ENROLLMENT (5 DAYS PER WEEK)

<u>Mornings Only</u>	<u>Afternoon Only</u>	<u>Mornings and Afternoons</u>
<u>PLAN A (5 Days a week)</u> <u>7:00-8:30am ONLY</u> <u>Monday-Friday</u>  <b><u>\$200 per month</u></b>	<u>PLAN B (5 Days a week)</u> <u>3:00-6:00pm ONLY</u> <u>*Monday-Friday</u>  <b><u>\$320 per month</u></b>	<u>PLAN C (5 Days a week)</u> <u>7:00-8:30am</u> <u>3:00-6:00pm</u> <u>* Monday-Friday</u>  <b><u>\$420 per month flat fee</u></b>

#### OPTION 2- DROP IN PROGRAM DAILY RATE \$30.00

Step 1: Please add a checkmark to the program you are interested in your child joining and complete the registration form attached to this page with the non-refundable fee of \$50.00. Cheques payable to St. Michael's School.

Step 2: Once accepted, please complete ALL of the forms attached and submit them to the school office at your earliest convenience.

### **Admission Procedures**

Applications for enrollment will be given preference in the following order:

1. Students enrolled full-time in the program for the entirety of the preceding school year (2024-2025).
2. Students enrolled full-time in the program for at least 4 months of the preceding school year (2024-2025).
3. New Kindergarten full-time applicants.
4. New Grade 1 to Grade 7 full time applicants.
5. Drop in applicants. Drop in will be based on availability and first come, first served for spaces.



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## Registration Form - After School Club 2025-2026

Child's Full Name	Grade in Sept. 2025	Date of Birth	Care Card

### Family Information

Mother's Name	Cell Phone	Work or Home Phone	Email address
Father's Name	Cell Phone	Work or Home Phone	Email address
Home Address		Family Doctor (name)	Family Doctor Phone

### Medical concerns

Please list any and all pertinent information for your child(ren) below:


### Emergency Contacts

	Name	Relationship to Child	Phone Number
1.			
2.			

I/we have received, read, and agree to the policy statement, rules and guidelines of the program; I agree to maintain my financial obligations to St. Michael's as outlined in the Fees and application sheet and agree to sign all appropriate forms following acceptance. \_\_\_\_\_ (please initial)

Name \_\_\_\_\_ Signature \_\_\_\_\_

Start Date \_\_\_\_\_ Program Plan \_\_\_\_\_