

Saint Michael School
80 Maple Avenue
North Andover, MA 01845



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st-michael@comcast.net
www.saintmichael.com

Saint Michael School Extended Day Emergency/Enrollment Form
\$8.00/hour

ONLY COMPLETE THIS FORM IF YOU WILL BE UTILIZING EXTENDED DAY SERVICES.
RECEIPT OF THIS FORM WILL GENERATE YOUR ENROLLMENT FEE OF \$10 PER FAMILY.

Student's Name _____ Grade _____ Date _____

Street _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Age _____

Health Insurance Provider _____ Policy # _____

Subscriber _____ Carrier _____

Parent Name _____ email _____

Home Address _____ Home Phone _____

Cell Phone _____ Work Phone _____

Company Name/Address _____

Parent Name _____ email _____

Home Address _____ Home Phone _____

Cell Phone _____ Work Phone _____

Company Name/Address _____

THIS FORM IS TWO PAGES, PLEASE TURN OVER

Emergency Contacts (this must be filled out)

Name _____ Relationship _____

Address _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Address _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Address _____

Phone _____ Cell Phone _____

Are there any special accommodations/allergies/concerns that you feel we should know about?

I on my behalf, individually and as parent/guardian of my child and on behalf of my child, our heirs, executors and administrators, hereby release and forever discharge the Roman Catholic Archbishop of Boston, a Corporation Sole, its agents, servants, employees, coaches, assistant coaches, principals, teachers, instructors, volunteers and priests and each such person's agents, representatives, successors or assigns from any and all claims and for personal injury or property damages which I, individually and as parent/guardian of my child and on behalf of my child, may have arising out of or in any way related to the aforementioned field trip, activity or event. I also state that I am not aware of any health reasons which would prohibit or limit my child's participation in this field trip, activity or event. I, as the parent or guardian of the above name student, authorize the staff and personnel of Saint Michael School to treat my son or daughter in case of emergency. Further, I release the staff and personnel of Saint Michael School from any act or omission conducted in the course of rendering such care to my child. In the event of an emergency, children will be taken to the nearest hospital, unless otherwise notified. I (we) understand and agree to pay all fees associated with my child(ren)'s participation and attendance in this and any programs sponsored by St. Michael School. Parents are required to sign their child in to extended day if they are attending before 8:50am and sign their child out of extended day if they are attending after 3:15pm. I (we) have read and will adhere to the Information Update that is attached to this form.

Parent's Signature _____ Parent's Signature _____

Any student dropped off prior to 8:50am will be charged an extended day fee. Occasionally students come in early or stay late to attend extra help sessions, test make ups, etc. Once your child completes their assigned before/after school activities (or if that activity has been cancelled or changed) they will be charged extended day fees.

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