

St. Michael Catholic School  
542 Cypress Avenue  
Garden City, SC 29576  
(843) 651-6795  
[www.saintmichaelsc.org](http://www.saintmichaelsc.org)

**After School Enrichment Program**  
**2011-2012 Registration Form**

*A separate form must be completed for each child registering.*

Parent(s) Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

I wish to enroll my child for:      1<sup>st</sup> Quarter \_\_\_\_\_      2<sup>nd</sup> Quarter \_\_\_\_\_  
Each Quarter equals 9 weeks      3<sup>rd</sup> Quarter \_\_\_\_\_      4<sup>th</sup> Quarter \_\_\_\_\_

My child will attend:      5 days per week \_\_\_\_\_ (\$585.00 / quarter; \$65.00 / week)  
   4 days per week \_\_\_\_\_ (\$504.00 / quarter; \$56.00 / week)  
   3 days per week \_\_\_\_\_ (\$405.00 / quarter; \$45.00 / week)  
   2 days per week \_\_\_\_\_ (\$288.00 / quarter; \$32.00 / week)  
   1 day per week \_\_\_\_\_ (\$153.00 / quarter; \$17.00 / week)

Please check days your child will attend:

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

The cost for using the daily drop-in rate is \$25.00 per child.

- At least 1 week's advance payment must accompany this form for your child to be enrolled.
- You must notify the ASEP Coordinator or contact Mrs. Floyd in the school office to set up your payment plan.

**PLEASE NOTE: ALL PAYMENTS MUST BE MADE IN ADVANCE. NO CREDITS OR REFUNDS APPLY ONCE YOU REGISTER**