



ST. MICHAEL THE ARCHANGEL  
DIOCESAN REGIONAL HIGH SCHOOL  
[www.smhsbr.org](http://www.smhsbr.org)

June 28, 2022

Dear Parents:

Enclosed you will find a registration form for the SMHS After-School Care Program being offered to our students this school year.

This program is available Monday through Friday from 2:45 p.m. to 5:30 p.m. on regular school days. This will **not** be available on holidays, emergency and/or early dismissals. Further, it will not be available on exam days. Students **must be picked up by 5:30 p.m.** or additional late fees may apply. Our After-Care program will include all safety measures in place during the school day.

There is a fee of \$250.00 for the year or \$125 per semester. Please return the registration form by August 1<sup>st</sup> to me at [amcleod@smhsbr.org](mailto:amcleod@smhsbr.org). Once your registration form is received, you'll receive a confirmation email, and the After-Care fees will be added to your FACTS account. If you have questions about payment, please contact Susan Thibodeaux at [sthibodeaux@smhsbr.org](mailto:sthibodeaux@smhsbr.org).

If you have any questions, please let me know.

Thank you and God bless,

**Mrs. Aimee McLeod**

Registrar

St. Michael the Archangel High School

17521 Monitor Ave. | Baton Rouge, LA 70817

Office: (225) 753-9782 ext. 12 | Fax: (225) 753-0605

[amcleod@smhsbr.org](mailto:amcleod@smhsbr.org) | [www.smhsbr.org](http://www.smhsbr.org)

P.O. Box 86110 Baton Rouge, LA 70879-6110  
17521 Monitor Avenue Baton Rouge, LA 70817-2640  
PHONE: 225.753.9782 FAX: 225.753.0605

**SMHS AFTER-SCHOOL CARE PROGRAM  
2022 - 2023 Registration Form**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/Medical Conditions of above student: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/Medical Conditions of above student: \_\_\_\_\_

**PHONE #'s TO BE REACHED BETWEEN 2:30 PM AND 5:30 PM**

Parent Name: \_\_\_\_\_

Parent cell phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_ Name: \_\_\_\_\_

Parent's email address: \_\_\_\_\_

Please indicate which sport or club your student will participate in when not attending the After-School Care Program.

\_\_\_\_\_

I understand that my child must obey all school rules and all rules established by the After-School Care director. Students must be picked up by 5:30 p.m. Failure of a student to follow the rules or failure of a parent to pick up their child on time, may result in the student being unable to attend After-School Care. Our After-Care program will include all safety measures in place during the school day.

Parent signature: \_\_\_\_\_

Date of signature: \_\_\_\_\_

Please return form to Aimee McLeod at [amcleod@smhsbr.org](mailto:amcleod@smhsbr.org). Thank you.

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