



ST. MICHAEL THE ARCHANGEL

DIOCESAN REGIONAL HIGH SCHOOL

www.smhsbr.org

SMHS After-School Care Program Information for 2026-2027 School Year

Dear Parents:

Information about the SMHS After-School Care Program being offered to our students for the 2026-27 school year is noted in this letter. You will also find a registration form for the After Care service attached.

Some specifics to know:

- This program is available Monday through Friday from 2:45 p.m. to 5:30 p.m. on regular school days.
- The program 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.
 - To pick up your student, call directly into the Library (225-753-9782 x24) or call your student's cell phone to let them know you have arrived
- Our After-Care program will include all safety measures in place during the school day.
- The fee for this after care service breaks down as follows and must be **paid in advance**:
 - \$300.00 for the year or
 - \$150 per semester
- Return of the attached form with information filled in completely must be returned to Lori Steib, Registrar by email at lsteib@smhsbr.org, mail or fax. **To be sure your child is registered for the start of the school year, return the form before August 5, 2026.**
 - Registration for the after-school care program may take place after the school year begins; however, semester fees are not prorated.
- The After Care fee will be added to your FACTS account at the beginning of each semester. If you have questions about payment, please contact Susan Thibodeaux at 225-753-9782 x25 or sthibodeaux@smhsbr.org.
- Written notification to the SMHS Registrar is required when your child will no longer need this service.

Please contact the school office to speak with Lori Steib, Registrar at 225-753-9782 x12 if you have any questions. Your cooperation is most appreciated.

Sincerely,

Jared Cavalier
Principal



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SMHS AFTER-SCHOOL CARE PROGRAM 2026-2027 Registration Form

Student 1: _____ Grade: _____

Allergies / Medical Conditions: _____

Sports/Clubs participating in: _____

Student 2: _____ Grade: _____

Allergies / Medical Conditions: _____

Sports/Clubs participating in: _____

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

Parent / Guardian 1

Parent / Guardian 2

Name:	_____	_____
Cell	_____	_____
Phone:	_____	_____
Home	_____	_____
Phone:	_____	_____
Work	_____	_____
Phone:	_____	_____
Email	_____	_____
Address:	_____	_____

Emergency Contact 1

Emergency Contact 2

Name:	_____	_____
Cell	_____	_____
Phone:	_____	_____

Check your payment option to be billed in FACTS: (For additions/changes, notify Registrar)

Fall Semester 1 (\$150) Spring Semester 2 (\$150) Both Semesters (\$300)

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 the After-School Care program. Our After-School Care program will include all safety measures in place during the school day.

Parent signature: _____ Date of signature: _____

Return this form to Lori Steib, Registrar at lsteib@smhsbr.org or drop off at the front office.