



# ST. MICHAEL THE ARCHANGEL

DIOCESAN REGIONAL HIGH SCHOOL

[www.smhsbr.org](http://www.smhsbr.org)

## SMHS After-School Care Program Information for 2023-2024 School Year

Dear Parents:

Information about the SMHS After-School Care Program being offered to our students for the 2023-24 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.
- 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**:
  - \$250.00 for the year or
  - \$125 per semester.
- Written notification to the SMHS Registrar is required when your child will no longer need this service.
- Return of the attached form filled out as indicated is necessary by **August 1, 2023** to Lori Steib, Registrar by email at [lsteib@smhsbr.org](mailto:lsteib@smhsbr.org), mail or fax.
- You will receive a confirmation email upon receipt of your form. The After Care fee will then be added to your FACTS account. If you have questions about payment, please contact Susan Thibodeaux at [sthibodeaux@smhsbr.org](mailto:sthibodeaux@smhsbr.org).

Please contact the school office to speak with the Registrar at 225-753-9782 ext. 12 if you have any questions. Your cooperation is most appreciated.

Sincerely,

Ellen B. Lee  
Principal



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## SMHS AFTER-SCHOOL CARE PROGRAM 2023-2024 Registration Form

Student 1: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies / Medical

Conditions of Student 1: \_\_\_\_\_

Student 2: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies / Medical

Conditions of Student 2: \_\_\_\_\_

### 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: \_\_\_\_\_

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

Please check your payment option that will be billed in FACTS:

Fall Semester 1 (\$125)     Spring Semester 2 (\$125)     Both Semesters (\$250)

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 at [lsteib@smhsbr.org](mailto:lsteib@smhsbr.org) or drop off at the front office.

P.O. Box 86110 Baton Rouge, LA 70879-6110  
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PHONE: 225.753.9782 FAX: 225.753.0605