



ST. MICHAEL THE ARCHANGEL

DIOCESAN REGIONAL HIGH SCHOOL

www.smhsbr.org

SMHS After-School Care Program Information for 2025-2026 School Year

Dear Parents:

Information about the SMHS After-School Care Program being offered to our students for the 2025-26 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, 2024.
 - Registration for the after-school care program may take place after the school year begins; however, semester fees are not prorated.
- 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.
- 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 ext. 12 if you have any questions. Your cooperation is most appreciated.

Sincerely,

Jared Cavalier
Principal



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SMHS AFTER-SCHOOL CARE PROGRAM 2025-2026 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.