Extended Care (EC)
Student Registration Form
2026-2027

9401 Starcrest Drive
San Antonio, TX 78217
Phone (210) 483-9100

Every Lower School student (Montessori through Form 5) is automatically enrolled in Extended Care. Any student who is not picked up by 3:30pm will automatically be signed into Extended Care and charged accordingly, including students who participate in after-school enrichment. Lower School students are not allowed to be unsupervised on campus between dismissal and enrichment and must attend Extended Care.

All students must have a completed Extended Care form on file. Please complete the following form and return to the Director of Extended Care, Linda Blanks @ lblanks@smhall.org by August 21, 2026.

Student:_____ Form:_____

Parent/Guardian: _____

Home Phone: _____Cell Phone: _____Work Phone: _____

Email:_____

Parent/Guardian: _____

Home Phone: _____Cell Phone: _____Work Phone: _____

Email:_____

ENROLLMENT OPTIONS

Place your initials by the option(s) you choose for the year. Charges will be billed monthly. The deadline to make any changes before August 31, 2026.

	Schedule	Monthly Fee (August – May)
_____**Morning Extended Care**	M,T,Th,F 7:00-7:45am (W 7:00-8:15am)	$160
_____**Montessori & Kindergarten**	2:30-3:30pm	$160
	2:30-6:00pm	$480
_____**Forms 1-5**	3:30-6:00pm	$320
_____**Drop In**	**This is the default option for families who do not choose one of the options above.** $12 per hour/charged by the hour/time will not be prorated by minutes	

REGISTRATION FEE

A one-time $50 registration fee will be assessed after the first attendance day.

LATE CHARGES

The expectation is that all students will be picked up by 6:00pm. A late fee of $50 per student will be charged after 6:00pm for each late pick up.

PICK UP/DROP OFF POLICIES

A parent/guardian is required to check in/check out all students with a member of the EC staff. Students are not permitted to check themselves in or out of EC.

By signing below, I agree to abide by all SMH policies and procedures, including those of Extended Care, and authorize SMH to bill my account for the option selected above. I acknowledge that the terms and conditions of the Enrollment Agreement and Participation Consent, Release and Indemnity Agreement apply to EC. I further acknowledge and agree SMH has the sole and absolute discretion to close EC for any reason, including without limitation, a campus or school closure, and I will not receive a refund of any money paid for EC.

Parent/Guardian #1 Signature: _____ Date:_____

Parent/Guardian #2 Signature: _____ Date:_____