

**Seton Catholic School
Extended Day Program
2010-2011
Registration Form**

Please complete the following information, and return to the Seton Office.

Family Name _____

Address: _____

City: _____

Child _____

Grade _____

Child _____

Grade _____

Child _____

Grade _____

Mother _____

Phone (H) _____

(C) _____

(W) _____

Father _____

Phone (H) _____

(C) _____

(W) _____

I give permission for my student(s) to be picked up from the Extended Day Program by the following person(s)

1. _____ Daytime Phone _____
Cell Phone _____

2. _____ Daytime Phone _____
Cell Phone _____

3. _____ Daytime Phone _____
Cell Phone _____

4. _____ Daytime Phone _____
Cell Phone _____

Should an emergency arise when this student is utilizing the Extended Day Program, Seton Catholic School has my permission to: (check one or both option)

_____ Contact the above-named individuals

_____ Contact the following person:

_____ Daytime Phone(s) _____

My student will utilize Seton Catholic School's Extended Day Program:

_____ daily: _____ Mornings _____ Afternoons (circle) M T W Th F

_____ regularly: _____ Mornings _____ Afternoons (circle) M T W Th F

_____ as needed _____ Mornings _____ Afternoons (circle) M T W Th F

****Please enclose a \$25.00 per family registration fee if you will be using the Seton Catholic School Extended Day Program daily, regularly or as needed (registration fee due before the first day of school payable to *Seton Catholic School*).**

Parent Signature: _____