

Seton Catholic School
Crusader Care Extended Day Program 2018-19
Registration Form

Please complete the following information and return to the School Office.

Family Name _____

Address: _____

City: _____

Child _____

Grade _____

Child _____

Grade _____

Child _____

Grade _____

Child _____

Grade _____

Mother _____

Phone Home _____

Cell _____

Work _____

Father _____

Phone Home _____

Cell _____

Work _____

I give permission for my student(s) to be picked up from Crusader Care Extended Day 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 Crusader Care Program and a parent cannot be reached please contact:

Name _____ **Work Phone** _____ **Cell Phone** _____

My student will utilize the Seton Catholic School Crusader Care 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 \$30.00 registration fee per family payable to Seton Catholic School.**

Registration form and fee must be returned to the school office before your child can attend the Crusader Care Extended Day Program.

Parent Signature: _____