

<b>Office Use Only</b>	
Check # _____	Amt \$ _____
Date Rec'd _____	Date Chg'd _____

**Saint Elizabeth Ann Seton Catholic School**  
**2020-2021 Extended Day Registration Form**

***Family Information***

Family Last Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail 1: \_\_\_\_\_ E-Mail 2: \_\_\_\_\_

Home Address 1: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address 2: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

***Student Information***

Child's Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Grade/Teacher: \_\_\_/\_\_\_

Allergies:  No  Yes (please list) \_\_\_\_\_

Any additional information, such as areas of concern, known chronic illnesses, etc.: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Grade/Teacher: \_\_\_/\_\_\_

Allergies:  No  Yes (please list) \_\_\_\_\_

Any additional information, such as areas of concern, known chronic illnesses, etc.: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Grade/Teacher: \_\_\_/\_\_\_

Allergies:  No  Yes (please list) \_\_\_\_\_

Any additional information, such as areas of concern, known chronic illnesses, etc.: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Grade/Teacher: \_\_\_/\_\_\_

Allergies:  No  Yes (please list) \_\_\_\_\_

Any additional information, such as areas of concern, known chronic illnesses, etc.: \_\_\_\_\_

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**(Please turn over)**

Please list those (other than yourself) authorized to sign your child/ren out. Provide at least ONE Emergency Contact who will be available between 3:05 and 6:00 P.M.

A valid I.D. must be presented

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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**Cost**

- \$55.00 Annual Registration Fee *Per Child*, Maximum \$110 Per Family (Due in August)
  - \$6.50 Per Hour/Per Child, with ONE hour minimum
  - A late fee of **\$10.00 per student**, in addition to the hourly fee, will be charged for students who are picked up **after 6:05 P.M.**
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By signing below, you agree to pay the Annual Registration Fee and the hourly charges. You also acknowledge that the persons listed above are authorized to drop-off/pick-up your child/ren from Extended Day and also may be used as an Emergency Contact in the event that a parent cannot be reached.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Approved By: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Approved By: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Approved By: \_\_\_\_\_