

Mrs. Annette Padilla
Extended Day Supervisor
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apadilla@seascscs.net

Office Use Only	
Check # _____	Amt \$ _____
Date Rec'd _____	Date Chg'd _____

Saint Elizabeth Ann Seton Catholic School
2017-2018 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.: _____

Child's Name: _____ Birthday: ___/___/___ Grade/Teacher: ___/___

Allergies: No Yes (please list) _____

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

Child's Name: _____ Birthday: ___/___/___ Grade/Teacher: ___/___

Allergies: No Yes (please list) _____

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

Child's Name: _____ Birthday: ___/___/___ Grade/Teacher: ___/___

Allergies: No Yes (please list) _____

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

(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: _____

Name: _____ Relationship: _____

Emergency Contact Cell Phone: _____ Alternate Phone: _____

Name: _____ Relationship: _____

Emergency Contact Cell Phone: _____ Alternate Phone: _____

Name: _____ Relationship: _____

Emergency Contact Cell Phone: _____ Alternate Phone: _____

Name: _____ Relationship: _____

Emergency Contact Cell Phone: _____ Alternate Phone: _____

Cost

- \$50.00 Annual Registration Fee *Per Child*, Maximum \$100 Per Family (Due in August)
 - \$6.00 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: _____