

Parent Signature Page

To St. Elizabeth Ann Seton Catholic School:

I have read the St. Elizabeth Ann Seton Catholic School 2018-2019 Extended Day Handbook and agree to follow the policies and procedures as stated.

I agree to discuss appropriate areas with my child(ren). I further understand my financial responsibilities to the program and am aware that a delinquent account may result in the withdrawal of my child from the Extended Day Program. My signature below indicates that I understand and agree to abide by all policies of the program.

Family Name _____

Student Name/Grade (PLEASE PRINT)

Student Name/Grade (PLEASE PRINT)

Student Name/Grade (PLEASE PRINT)

Student Name/Grade (PLEASE PRINT)

Student Name/Grade (PLEASE PRINT)

Student Name/Grade (PLEASE PRINT)

Parent signature

Date

Parent signature

Date

SIGNED FORM DUE TO EXTENDED DAY SUPERVISOR BEFORE A STUDENT MAY ATTEND THE EXTENDED DAY PROGRAM.

MEDICAL RELEASE FORM

Student's Name: _____

Medical Insurance Information

Group/Company Insurance Company:

Policy Number:

Known Allergies/Allergic Reactions:

Other Pertinent Medical Information:

Current Medication(s):
