



Seton Catholic School
Aftercare Registration
2012-2013 SCHOOL YEAR

Please return with \$30/Family Registration Fee

STUDENT INFORMATION

Name of Student: _____ Date: _____
Address of Student: _____ Homeroom: _____
City: _____ Birth date: _____
E-Mail Address: _____

PARENT/GUARDIAN INFORMATION

To serve your child in the event of an accident or sudden illness, it is necessary that you furnish the following information:

Parent (s) or Guardian (s) Name

Mother/Guardian: _____ Father/Guardian: _____

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Place of Employment _____ Place of Employment _____

If you cannot be reached, whom do we call? (Please give phone number and relationship to student)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

In case of accident or serious illness, I request the school contact me. If the school is unable to reach a parent or guardian or either of the two people listed above, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician; the staff of Seton Catholic School has permission to obtain necessary medical care for my child(ren) as deemed fit. I would prefer my child to be taken to _____ (hospital) but understand that this is not a guarantee.

Signature of Parent or Guardian _____ Date _____

Physician _____ Phone: _____

ALLERGIES OR SPECIAL HEALTH INFORMATION (Please also indicate if your child takes medication on a regular basis, type of medication and reason for medication).

Any additional information regarding your child that would be helpful to know: _____

*****PLEASE COMPLETE BOTH SECTIONS*****

EARLY DISMISSAL FROM SCHOOL

Students Name (s) _____ Homeroom _____

The following people are authorized to pick up my child (ren) from school unless otherwise notified.

Name Address Phone # Name Address Phone #
1. _____ 3. _____
3. _____ 4. _____

If another adult is to pick up my child (ren) I will provide the name and information about the person. I understand that my child may not be released unless the school office has written or verbal notification indicating the persons who will pick up my child.

My child (ren) may NOT be released to the following persons unless directed by Order of the Court or at my directive.

Name Address Phone # Name Address Phone #
1. _____ 2. _____

Parent Signature: _____ Date: _____

**Seton Catholic School Aftercare Registration Form
2012-2013**

Seton Catholic School's licensed Aftercare Program is available for K-8th grade students. Our Aftercare program will provide your child a safe and friendly environment for after school hours. Due to licensing requirements and to ensure we have adequate staff/student ratios families will need to register for the Aftercare plan in advance. Students will be provided a healthy snack, recreational activities, outside play, and the opportunity to complete homework.

Student Enrolling:

_____	_____	_____	_____
Last Name	First Name	Age	Class
_____	_____	_____	_____
Last Name	First Name	Age	Class
_____	_____	_____	_____
Last Name	First Name	Age	Class

Parents/Guardians:

Mother: _____
 Last Name First Name

Home Phone: _____ Work Phone _____ Cell Phone _____

Father/Guardian: _____
 Last Name First Name

Home Phone: _____ Work Phone _____ Cell Phone _____

Days Needing Care:

# of Days	Please circle the days your child will be enrolled	1 st Child	2 nd Child	3 rd Child	4 th Child
5	ALL	\$180	\$300	\$400	\$450
4	Mon. Tue. Wed. Thur. Fri.	\$165	\$250	\$325	\$360
3	Mon. Tue. Wed. Thur. Fri.	\$140	\$190	\$245	\$270
2	Mon. Tue. Wed. Thur. Fri.	\$100	\$140	\$165	\$185
1	Mon. Tue. Wed. Thur. Fri.	\$50	\$70	\$81	\$92

Drop in charges are \$15.00 Per Child/Day and are to be paid on the day of use

Payment and Late Charges

- **Drop-In Payments are to be paid on the day of use.**
- **Drop-In charges will be incurred for use on days that your child is not enrolled**
- Fees are based on enrollment, not attendance. Charges will be incurred according to the predetermined number of days child is committed to attend.
- Payments will be collected through the FACTS payment system. If you choose to pay the annual aftercare charges in full or bi-annually a 2% discount will be applied.
- No adjustments will be made for absences due to illness or vacation.
- **There is a late pick-up charge of \$1.00 per minute after 6:00 PM. The payment will be given to the director or afterschool staff member in charge on day of late pickup.**
- There is a maximum number of children that is permitted, due to state laws, in the after school program at this facility. We do not anticipate exceeding that number but should it arise, we will follow the first come first served system.

Please circle the payment method you are planning to use:
Pay In Full Bi-Annual FACTS