



EXTENDED CARE PROGRAM
REGISTRATION FORM for 2024-2025



Family Name _____ Family # _____

Address _____ Zip _____

Name of Child _____ Grade _____

Name of Child _____ Grade _____

Name of Child _____ Grade _____

Father _____ Business Phone _____

Cell Phone _____ Emergency# _____

Mother _____ Business Phone _____

Cell Phone _____ Emergency# _____

Parent(s) or Guardian(s) with whom the child resides: _____

Contact/Billing Email: _____

List any chronic health conditions (allergies, asthma, etc.). _____

In addition to parents, authorized pick-up persons (must present ID):

Name: _____ Contact # _____

Name: _____ Contact # _____

Name: _____ Contact # _____

Please add your name, and names of contacts that are picking up your child from aftercare in your FACTS account. Click under FAMILY DEMOGRAPHIC/PICK UP..

EXTENDED CARE PROGRAM FEE SCHEDULE After School Rates for students: \$7.00 per hour per child. Morning Care Drop-in Rate: \$7.00 per child. Hours are 6:30am to 7:30 am.

Parents must sign their child(ren) into Morning Care in the school lunchroom. Enter through the middle school gate. St. Elizabeth Ann Seton Roman Catholic School reserves the right to amend the Extended Care Handbook which is part of the Parent-Student Handbook, for just cause. Parents will be promptly notified.

**Make sure your child(ren)'s health conditions are updated/current and listed in your FACTS Family Portal.

Parent/Guardian Signature: _____ Date: _____

St. Elizabeth Ann Seton Roman Catholic School reserves the right to amend the Extended Care Handbook which is part of the Parent-Student Handbook, for just cause. Parents will be promptly notified in writing if changes are made. We have read and agree to be governed by this handbook.