

**Elementary Building**  
1320 16<sup>th</sup> Ave.  
Moline, IL 61265  
(309) 757-5500  
Fax: (309) 762-0545  
Web: [www.setonschool.com](http://www.setonschool.com)



**Middle School Building**  
1320 17<sup>th</sup> Ave.  
Moline, IL 61265  
(309) 764-5418  
Fax: (309) 277-0015  
Email: [office@setonschool.com](mailto:office@setonschool.com)

**EXTENDED CARE & BEFORE/AFTER CARE**  
Enrollment Form  
2016-2017

Please indicate which program(s) your family will be using:

**Extended Care** \_\_\_\_      **Before Care** \_\_\_\_ (7:00-7:45 a.m.)      **After School** \_\_\_\_ (3:15-5:30 p.m.)

For 3 Year Old \_\_\_\_

For 4 Year Old \_\_\_\_

Indicate which session your child is attending AM \_\_\_\_ PM \_\_\_\_ Both \_\_\_\_

**Name (List individual students)**

**Grade**

Name (List individual students)	Grade
_____	_____
_____	_____
_____	_____

**Mother/Guardian Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

**To insure adequate staffing it is necessary for families to indicate a set number of days that their child(ren) will attend:**

**Before Care**

Mon. \_\_\_\_

Tue. \_\_\_\_

Wed. \_\_\_\_

Thur. \_\_\_\_

Fri. \_\_\_\_

**After Care**

Mon. \_\_\_\_

Tue. \_\_\_\_

Wed. \_\_\_\_

Thur. \_\_\_\_

Fri. \_\_\_\_

**Extended Care**

Mon. \_\_\_\_

Tue. \_\_\_\_

Wed. \_\_\_\_

Thur. \_\_\_\_

Fri. \_\_\_\_

**Flexible Scheduling is available.**

To insure adequate staffing families are required to notify Director, Kristin Rasso, every **Friday by 3:00**, with their schedule for the coming week.

Please email Mrs. Rasso at [krasso@setonschool.com](mailto:krasso@setonschool.com)

**\*PLEASE NOTE: The days indicated are the days for which you will be charged.**

**My Family will use Flexible Scheduling** \_\_\_\_