

Elementary Building
1320 16th Ave.
Moline, IL 61265
(309) 757-5500
Fax: (309) 762-0545
www.setonschool.com



Middle School Building
1320 17th Ave.
Moline, IL 61265
(309) 764-5418
Fax: (309) 277-0015
office@setonschool.com

Extended Care & Before/After Care
Enrollment Form
2023-2024

Extended Care: Preschool / Pre-Kindergarten

Preschool _____ Pre-Kindergarten _____

Name (List individual Students)

Date of Birth

Set Days: The days marked are the days you will be charged.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

A 2 week notice is required if you need to add or delete a day.

Please email Kristen Rasso at Krasso@setonschool.com to check availability.

Before/After Care: Kindergarten – 8th Grade

Name (List individual Students)

Grade

Date of Birth

Set Days: The days marked are the days you will be charged.

Before Care (6:45-7:45) Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____

After Care (Dismissal-5:30) Mon. _____ Tues. _____ Wed. _____ Thur. _____ Fri. _____

A 2 week notice is required if you need to add or take away a day.

Please email Mrs. Rasso at Krasso@setonschool.com to check availability.

Seton Catholic School

Extended Care & Before/After Care

Mother/Guardian

Name _____

Address _____

City _____ State _____

Phone (cell) _____ (Work) _____ (Home) _____

E-Mail _____

Father/Guardian

Name _____

Address _____

City _____ State _____

Phone (Cell) _____ (Work) _____ (Home) _____

E-Mail _____

I authorize only the people I have written below to be allowed to pick up my child(ren):

<u>NAME</u>	<u>RELATIONSHIP TO CHILD(REN)</u>	<u>HOME #</u>	<u>CELL #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE:

For the safety of the children NO one will be permitted to pick up your child if they are not listed on this form. All persons will have to show their identification!!

Parent/Guardian Signature

Date