



Mother Seton Academy
 4219 US Highway 9
 Howell, NJ 07731
 Phone: 732-364-4130 FAX: 732-363-4932

Mother Seton Academy Extended Care Registration Form

Last Name	First Name	Date of Birth	Grade

Family Address: _____

Phone Number: _____

Mother's Cell Phone Number: _____

Father's Cell Phone Number: _____

Parent/Guardian: _____

Work Place: _____

Work Phone Number: _____

Emergency Contact Person: _____

Emergency Contact Person's Phone Number: _____

In the event that there is an early dismissal, how is your child to be transported home?

Interest in:

A.M. _____

P.M. _____

Both _____

 Parent Signature & Date