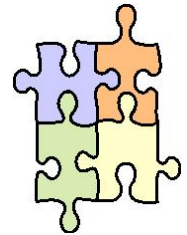


St. Elizabeth Ann Seton School
2009-2010 B.A.S.E. Program
Enrollment Form
(Before and After School Enrichment)



Completion of the SEAS School BASE Enrollment Form signifies agreement to the Fees & Policies of the BASE Program.

All students attending BASE must be enrolled. There is a \$50 annual enrollment fee per family. Please complete the information requested below for your child(ren). Return this enrollment application and \$50 check payable to SEAS BASE to: Ms. Stoker SEAS School 600 Tyler St. Hastings, MN 55033

Parent(s)/Guardian(s) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

(Please list which parent is to be called first)

Work phone(s) \_\_\_\_\_ Cell phone(s) \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Level of Service Desired
'Contract Level' (\$18/day per child)
'Non-Contract Level'(sign up in advance)
'Drop In' - space available basis only.
Please consult the brochure for more details on hours of operation and cost. Payments are made one month in advance of attendance.

'Contract' family payments are made one month in advance and include every day whether in attendance or not. First month's payment is due with this enrollment form and is refundable should circumstances change. Consecutive months are non-refundable. Please make an appointment with Mrs. Humbert if extenuating circumstances come up.

'Non-Contract' family payments are made one month in advance for the days they need at the rates published on the brochure. First payment is due with this enrollment form and is refundable should circumstances change (1st month only - consecutive months non-refundable)

'Drop In' will be handled on space available basis. The rates are \$2.00 more than the fees published on the brochure. 'Drop In' students MUST BE ENROLLED NOW.



“Contract” and “Drop In” Level - fill in name/grade only.

“Non-Contract” Level - circle your choices.

Child's Name _____	Grade entering 2009-2010 _____				
	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before School:</b>	Middle School AM (6:30am-7:30am)	\$5		Elementary AM (6:30am-8:30am)	\$10
<b>After School:</b>	Middle School PM (2:15pm-6pm)	\$14		Elementary PM (3pm-6pm)	\$11

Child's Name _____	Grade entering 2009-2010 _____				
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Dr./Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Special needs/additional information: \_\_\_\_\_

The undersigned hereby requests admission for the above named child(ren) and agrees to the fees and policies as set forth by the St. Elizabeth Ann Seton's BASE Program.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)