

Student Name(s):

Seton Academy

Educating in Faith the Heart, Mind and Soul

189 North Main Street Rochester, NH 03867 Phone: 603-833-1952

Email: info@seton.academy Website: www.seton.academy

_ Birth Date: ___

Birth Date: ____

NURSERY SCHOOL REGISTRATION

			Birth Date:				
Street Address: _			(City:	State:	Zip:	
Telephone:	Email:						
Parent/Guardian Name:							
Parent/Guardian Name:							
Please Select the program you are interested in, if part-time, please specify times and days below.							
Nursery School	Weekly	Full or	Monday	Tuesday	Wednesday	Thursday	Friday
Programs	Rates	Part					•
		Time					
Nursery – Infant:	\$330	O Full-					
8 weeks - 18 mos.		time					
		Part- time					
Toddler Care:		Full-					
18 mos. – 36 mos.	\$320	time					
16 mos. – 30 mos.	\$320	Part-					
		time					
*Preschool:		Full-					
3 yrs. - 4 yrs.	\$300	time					
, ,	"	O Part-					
D 17' 1		time					
<u>Pre-Kindergarten</u> :	\$280	Full- time					
4 yrs. - 5 yrs.		Part-					
		time					
*Preschool 3-4 yrs: Must be potty trained, no pullups or diapers							

Mother's Name: _____ Phone: ____ Address: (if different than above) Street City State Zip Code Employer: _____ Occupation: ____ Work Phone: _____ Work Email: _____ ______ Parent Guardian Information – Father: Father's Name: ______ Phone: _____ Address: (if different than above) Zip Code Street City State Employer: _____ Occupation: ____ Work Email: Work Phone: **Student Residence:** Lives jointly with Mother and Father Lives with Mother Lives with Father With Others Special Custody Arrangements, please explain and provide court documentation: Name of person who is responsible for tuition payments and any additional charges incurred in collecting payments. Name: Phone: Email: ______ Relation to student: _____

Date

Parent Guardian Information - Mother:

Parent or Guardian Signature