



# FRASSATI

CATHOLIC ACADEMY

## 2020-21 Extended Day Registration Grades K-8

**Father/Legal Guardian Information:** Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email(s) \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

**Mother/Legal Guardian Information:** Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email(s) \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

**Child's Name (Last, First, MI):** \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Resides with:  Both Parents  Father  Mother  Other \_\_\_\_\_ Gender \_\_\_\_\_

**Child's Name (Last, First, MI):** \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Resides with:  Both Parents  Father  Mother  Other \_\_\_\_\_ Gender \_\_\_\_\_

**Child's Name (Last, First, MI):** \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Child Resides with:  Both Parents  Father  Mother  Other \_\_\_\_\_ Gender \_\_\_\_\_

**Additional Individuals Authorized To Pick Up Your Child/ren:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Any other information you would like to share \_\_\_\_\_

**Program Offerings**

Extended Day is available on school days from 2:10—6:00 p.m.

Indicate days (X) your child will attend

**Standard Contract** \$15.00/Day  
**Variable Contract** \$17.00/Day  
**Drop-In Contract** \$20.00/Day

	Mon	Tue	Wed	Thu	Fri	Drop-In
Child's Name						
Child's Name						
Child's Name						

Signature of person responsible for payments \_\_\_\_\_

Date \_\_\_\_\_

**A \$30 non-refundable per child registration fee will be added to your first bill of the school year.**