



# FRASSATI

CATHOLIC ACADEMY

**GRADES  
5-8**

## 2021-22 Extended Day Registration

**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

Grade 5-8 Extended Day is available on school days until the 3:50 p.m. bus pick up time.

Students should bring their own snack. There is no charge for attendance.

Indicate days (X) your child will attend.

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

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_