



# FRASSATI

CATHOLIC ACADEMY

**GRADES  
K-4**

## 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 K-4 Extended Day is available on school days until 6:00 p.m.

Indicate days (X) your child will attend

**Standard Contract** \$15/Day  
**Variable Contract** \$17/Day  
**Drop-In Contract** \$20/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.**