



FRASSATI

CATHOLIC ACADEMY

2018-2019 Preschool Before and After Care Options

Child's Name (Last, First, Middle): _____ DOB: _____

Child Resides with: Both Parents Father Mother Other _____ Gender: _____

Father/Legal Guardian Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Mother/Legal Guardian Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Program Offerings

Indicate days (X) on which you need care.

Before Care Hours: 7:00—8:00 AM (Includes Breakfast)

After Care Hours: 2:30—5:00 PM (Includes Snack)
After Care is available for Full Day students only.

\$8.00/day Before Care	Mon	Tue	Wed	Thu	Fri
Child's Name					

\$15.00/day After Care	Mon	Tue	Wed	Thu	Fri
Child's Name					

Signature of person responsible for payments

Date

For Office Use Only: Received _____ Entered _____