

Prairie Care Registration Form 2016 – 2017 School Year

August 2016

Child's name _____ Date _____ Phone# _____
 Parent _____ Cell Phone # _____
 Parent _____ Cell Phone # _____
 E-mail Address _____ Emergency Name and Phone # _____



Grade: _____
 Teacher: _____

Late registration will NOT be accepted due to safety issues and staff scheduling. Please make sure registration is turned in by Wednesday prior to the week of service. Thank you!

Checks payable to the Frankfort Park District
 Cash payments should be made at our business office.
 Drop off, email or fax in your registration:
 140 Oak Street, Frankfort
 Fax # 815-469-9275
 kmorrison@frankfortparks.org

Please fill out a separate registration form for each child attending Prairie Care.

Credit Cards Accepted



Credit card information will not be filed or saved. A credit card number can be submitted on a park district registration form only, which will then be shredded after the payment has been processed. You may also have your card swiped at our main office.

Thank you!

Fees will be based on requested days. A one week commitment is required. Payments are due on WEDNESDAY prior to the week of requested service.
 AM Fee - \$11 per day Full Day District Holiday \$45
 PM Fee - \$16 per day Early Dismissal \$25

Registration and payments are required at the time service is requested. Early dismissal days and district holidays have a separate registration fee.

Sibling Discount Information: Please note: A sibling discount is given only to families signed up EVERY DAY OF THE MONTH, either AM or PM. No discounts for District Holidays.

	Price	Monthly Total 6 days – AM 6 days - PM
Full Time AM or PM		
First Child AM	\$11.00	\$66.00
Second Child AM	\$10.00	\$60.00
First Child PM	\$16.00	\$96.00
Second Child PM	\$15.00	\$90.00

Please Circle Either AM/PM or both on the day your child will be attending.

Monday	Tuesday	Wednesday	Thursday	Friday
		8/24/2016 AM PM	8/25/2016 AM PM	8/26/2016 AM PM
8/29/2016 AM PM	8/30/2016 AM PM	8/31/2016 AM PM		

District Holiday Fee _____

Total _____