

WHOLE MONTH DUE Wednesday, February 12

Child's Teacher: _____
Grade _____

Prairie Care Registration Form 2024 – 2025 School Year

Under the Americans with Disabilities Act, if you need any accommodations to participate in an activity, please check this box.

March 2025

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

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 or registration@frankfortparks.org
Photos of the registration calendars will not be accepted

Fees will be based on requested days.

AM Fee - \$14 per day Full Day District Holiday \$60
 PM Fee - \$19 per day Early Dismissal \$30

- ❖ Add-ons will need to be approved by Prairie Care Staff a week in advance of requested service.
- ❖ Surcharge for add-ons: \$25 per transaction + original fee.

Registration and payments are required at the time service is requested.

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

Monday	Tuesday	Wednesday	Thursday	Friday
3/3/2025 AM PM	3/4/2025 AM PM	3/5/2025 AM PM	3/6/2025 AM PM	3/7/2025 AM PM
3/10/2025 AM PM	3/11/2025 AM PM	3/12/2025 AM PM April Due	3/13/2025 AM PM	3/14/2025 AM PM
3/17/2025 AM PM	3/18/2025 AM PM	3/19/2025 AM PM	3/20/2025 AM PM	3/21/2025 AM PM
3/24/2025 AM PM	3/25/2025 AM PM	3/26/2025 AM PM	3/27/2025 AM PM	3/28/2025 AM PM
3/31/2025 Spring Break				

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

District 157C Staff:

District 157c staff will receive discount for participating in Prairie Care. District Holidays and Institute days are not included. All paperwork must be completed and turned in to Prairie Care. AM - \$8 PM - \$10. The same registration procedures will apply to all 157C staff.

Credit Card Required for bi-monthly billing



The FPD reserves the right to change a payment to reflect the correct fee.

Initial to authorize credit card on file _____

Please indicate if you are paying for the full month or bi-monthly payment

- Paying for the full month, Cash, check or Credit card accepted
- Bi-monthly, 50% upon registration, remaining portion will be charged to credit card on file on the 6th of the following month.



Total Due: _____

Late registrations and Add-On Requests are subject to availability and surcharge.