

C.A.R.E.S. Registration

Child's Last Name _____ First _____
Home Address _____ Phone # _____
Date of Birth _____ Grade (August 2011) _____

Parent Information

Mother's Last Name _____ First _____
Home Phone # _____ Cell Phone #/Beeper _____
Work Place _____ Work Phone #/Extension _____
Email (please print) _____

Father's Last Name _____ First _____
Home Phone # _____ Cell Phone #/Beeper _____
Work Place _____ Work Phone #/Extension _____
Email (please print) _____

The following persons, other than parents, **HAVE BEEN AUTHORIZED** to pick up my child from C.A.R.E.S. in the event of an emergency.

Name/Relation _____ Phone # _____
Name/Relation _____ Phone # _____

SPECIAL INSTRUCTIONS

Doctor _____ Phone # _____
Allergies _____ Chronic Illness _____

I give permission to the C.A.R.E.S. staff to act in the event of an emergency when a parent cannot be reached (please sign) _____

The following person(s) **MAY NOT** pick up my child.

Please check all times that your child (children) will be attending C.A.R.E.S.

AM Program _____
PM Program _____

My child (children) will attend

5 days per week _____
Part-time (Please list days) _____

***** **\$50 Registration Fee per family** *****

Check # _____
Date Rec'd _____