

C.A.R.E.S. Registration

Child's Last Name _____ First _____

Home Address _____ Phone # _____

Date of Birth _____ Grade (August 2016) _____

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 _____