



**2016-2017 CARES Registration**  
(\$15 registration fee per child)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

.....  
**Emergency Contacts** (In case of illness/accident or leaving the school premises)

*In the event of serious illness or accident, when I cannot be reached, I wish for the following to be notified by telephone. Note: These contacts **MUST** have proper identification for your child to be released from the center into their care.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

.....  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Telephone: \_\_\_\_\_

**If I or the persons named above cannot be reached, I wish my child to be taken to the following hospital emergency room:**

\_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

.....

Please mark the days and times to the best of your knowledge that you will be using CARES:

**Morning CARES (begins at 7am)**

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

**Afternoon CARES (ends at 6pm)**

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

**Half Day CARES**

My child will be attending CARES on half days. I will pick up my child at \_\_\_\_\_