



## C.A.R.E.S. Registration Form (\$20 registration fee per child)

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

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

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

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

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

Work Phone \_\_\_\_\_

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

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

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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: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

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

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

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

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

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