

# St. Andrew C.A.R.E.S. (Children Are Receiving Extended Services) Registration for Preschool-8th Grade

## PLEASE PRINT

Preschool \_\_\_\_\_ Elementary School \_\_\_\_\_ DATE \_\_\_\_\_

## ATTENDANCE INFORMATION

**Morning** 6:45AM-Start of School \_\_\_\_ **Afternoon** 3:00-4:00PM \_\_\_\_ 4:00-5:00PM \_\_\_\_ 5:00-6:00PM \_\_\_\_

**5 Days** \_\_\_\_ **Less than 5 days:** Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

Occasional Use: Parent is responsible for sending in a note for C.A.R.E.S. for the day it is needed.

## STUDENT INFORMATION

Name \_\_\_\_\_ Gender \_\_\_\_\_

(Last, First, Middle)

Preschool Room or Elementary School Grade \_\_\_\_\_

Address \_\_\_\_\_

(Street, City, State, Zip)

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_\_

(Month, Day, Year)

**Special Interests, Hobbies, Etc.** \_\_\_\_\_

**Special Medical Information** \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ Phone \_\_\_\_\_

## PARENT INFORMATION

Mother's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

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

Father's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

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

## EMERGENCY CONTACTS

In the event we are unable to contact you, please furnish us with the names of two people who live locally whom we may call in an emergency.

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## DISMISSAL PERMISSION

The following adults may pick up the above student from the C.A.R.E.S. program:

1) Print Name \_\_\_\_\_ Signature \_\_\_\_\_

(Mother)

2) Print Name \_\_\_\_\_ Signature \_\_\_\_\_

(Father)

3) Print Name \_\_\_\_\_ Signature \_\_\_\_\_

4) Print Name \_\_\_\_\_ Signature \_\_\_\_\_

5) Print Name \_\_\_\_\_ Signature \_\_\_\_\_