

**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 6:30AM-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 _____