



CARES REGISTRATION FORM 2017-2018

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Home Address _____ Home Phone _____

Father's Name _____ Work Place _____

Work Phone _____ Cell Phone _____ Home Phone _____

Email _____

Mother's Name _____ Work Place _____

Work Phone _____ Cell Phone _____ Home Phone _____

Email _____

DRIVER'S LICENSE MUST BE SHOWN BEFORE CHILD IS RELEASED TO ANYONE

**BEFORE SCHOOL
CARES Program
(6:30 am – 7:30 am)**

**Days Drop Off
Attending Time**

Mon	
Tues	
Wed	
Thurs	
Fri	

**AFTER SCHOOL
CARES Program
(2:45 pm – 6 pm)**

**Days Pick-up
Attending Time**

Mon	
Tues	
Wed	
Thurs	
Fri	