

**HOLY FAMILY SCHOOL C.A.R.E.S. PROGRAM
REGISTRATION / EMERGENCY INFORMATION**

Registration Fee - \$20.00 per family

Student's Name _____ Grade _____

Address _____ Phone _____

Father's Name _____ Employer _____

Work # _____ Cell Phone # _____ E-Mail: _____

Mother's Name _____ Employer _____

Work # _____ Cell Phone # _____ E-Mail: _____

Student Lives With: Father & Mother _____ Father _____ Mother _____ Other _____

If parents cannot be reached in case of emergency, please contact:

Name _____ Phone # _____

Name _____ Phone # _____

Family Physician _____ Phone # _____

List any known illnesses or allergies _____

IF PARENTS CANNOT BE CONTACTED, I AUTHORIZE THE SCHOOL TO TAKE SUCH EMERGENCY ACTIONS AS MAY BE DEEMED NECESSARY.

Signature of Parent or Guardian _____ **Date** _____

Signature(s) of those authorized to pick up your child

- | | |
|---------------|---------------|
| 1. Name _____ | 4. Name _____ |
| 2. Name _____ | 5. Name _____ |
| 3. Name _____ | 6. Name _____ |

STUDENT'S SCHEDULE FOR C.A.R.E.S.

BEFORE SCHOOL

AFTER SCHOOL

Days Drop-off
Attending Time

Days Pick-up
Attending Time

		Mon		
		Tues		
		Wed		
		Thurs		
		Fri		