

St. Madeline-St. Rose  
C.A.R.E.S. Program  
Registration Form

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Parents' Name \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Parents' Name \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Emergency Pick-Up other than parents:

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

The following person(s) may NOT pick-up my child(ren).

Medical Information: (ex. allergies) \_\_\_\_\_

My child(ren) may have tylenol: Yes \_\_\_\_\_ No \_\_\_\_\_

Registration Fee \$10.00 \_\_\_\_\_

*All payments should be completed by the end of each month.*

Parents' Signatures: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_