

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

Registration Fee - \$20.00

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		