



**OUR LADY OF ANGELS REGIONAL CATHOLIC SCHOOL**

C.A.R.E.S. Program

Registration Form

Registration Fee	\$20.00
Date Received	_____

STUDENT'S NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL # \_\_\_\_\_

WORK # \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL # \_\_\_\_\_

WORK # \_\_\_\_\_

**EMERGENCY PICK-UP (OTHER THAN PARENTS)**

1. NAME \_\_\_\_\_ NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. NAME \_\_\_\_\_ NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

THE FOLLOWING PERSON(S) MAY NOT PICK UP MY CHILD(REN)

\_\_\_\_\_

MEDICAL INFORMATION: (EXAMPLE: ALLERGIES) \_\_\_\_\_

\_\_\_\_\_

**ALL PAYMENTS MUST BE MADE ON THE MONDAY OF EACH WEEK.**

PARENT'S SIGNATURES \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S SIGNATURES \_\_\_\_\_ DATE \_\_\_\_\_