

CARES APPLICATION FORM

LAST NAME: _____

FIRST NAME: _____ GRADE: _____

FIRST NAME: _____ GRADE: _____

FIRST NAME: _____ GRADE: _____

ADDRESS: _____

HOME PHONE: _____

FATHER'S NAME: _____ CELL #: _____

MOTHER'S NAME: _____ CELL #: _____

ADDITIONAL PARENT PHONE NUMBERS WHERE YOU CAN BE REACHED DURING CARES HOURS:

1). _____ 2). _____

REGISTRATION FEE: \$15.00/ONE CHID \$25.00/TWO OR MORE CHILDREN
Registration forms submitted after August 15, 2018 will be charged a fee of \$35.00.

Authorization to take registration fee out of my FACTS account (if on the monthly option plan in FACTS)

_____ Amount: _____

Signature

PLEASE CHECK THE PROGRAM YOU WILL BE USING:

_____ AM CARES 7:00 – 8:00 _____ PM CARES 2:30-6:00 _____ K-8 PM CARES 3:00 – 6:00

STUDENT EMERGENCY INFORMATION:

Child's Name: _____ Child's Name: _____

Allergies: _____ Allergies: _____

HOMEWORK OPTION: - PLEASE CHECK ONE

Homework completed at CARES _____
Homework completed at home _____

EMERGENCY CONTACT INFORMATION
Illness, Accident or Leaving CARES Premises

In the event of an apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence and they have signed their names on this form.

_____	_____	_____
Printed Name	Signature	Phone Number
_____	_____	_____
Printed Name	Signature	Phone Number
_____	_____	_____
Printed Name	Signature	Phone Number

My child/children may be released to the above listed emergency contacts. ___ Yes ___ No
My child/children have permission to walk to Merwood Park during CARES. ___ Yes ___ No

MEDICAL INFORMATION

My child has the following medication condition/s that all staff should be aware of in the event of an incident:

SNOW EMERGENCY CLOSING INFORMATION

If school is closed, there will be NO CARES.
If school is dismissed early, parents will be notified of operational hours for the remainder of the day.
If there is a two hour delay, there will be NO AM CARES.

My signature indicates that I have read and understand the CARES Handbook and give approval, as noted, for the cares of my child/children.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

THE CARES SCHEDULE FOR THE 2018-2019 SCHOOL YEAR WILL BE AS FOLLOWS: