

C.A.R.E.S. 2024 – 2025 Registration

Student's Last Name _____ First Name _____

Home Address _____ Phone # _____

Date of Birth _____ Grade (2024 – 2025) _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Last Name _____ First Name _____

Home Phone _____ Cell Phone _____

Work Place _____ Work Phone _____

Email (please print) _____

Parent/Guardian #2 Last Name _____ First Name _____

Home Phone _____ Cell Phone _____

Work Place _____ Work Phone _____

Email (please print) _____

AUTHORIZATIONS

The following people, other than parents, **HAVE BEEN AUTHORIZED** to pick up my child/children:

Name/Relation _____ Phone _____

Name/Relation _____ Phone _____

The following people, other than parents, **ARE NOT AUTHORIZED** to pick up my child/children:

Name/Relation _____ Phone _____

MEDICAL INFORMAITON

Doctor _____ Phone # _____

Allergies _____ Chronic Illness _____ EPI Pen _____

I give permission to the C.A.R.E.S. staff to act in the event of an emergency when a parent cannot be reached.

Please sign _____

\$50 Registration fee per family Check # _____ Date Rec'd _____ Bill my FACTS account _____