

SAINTS PETER AND PAUL SCHOOL
CHILDREN ARE RECEIVING EXTENDED SERVICES
C.A.R.E.S. PROGRAM
REGISTRATION FORM 2014 -2015

FAMILY NAME: _____

FATHER'S NAME _____

CELL # _____

WORK # _____

MOTHER'S NAME _____

CELL # _____

WORK # _____

CHILD(REN)'S NAME

GRADE

THE DAY'S OF THE WEEK MY CHILD(REN) WILL ATTEND C.A.R.E.S.

MON. ____ TUES. ____ WED. ____ THURS. ____ FRI. ____

MORNING CARES: IF YOU ARE INTERESTED IN ATTENDING MORNING CARES
PLEASE CHECK THE DAYS YOUR CHILD(REN) WILL BE ATTENDING

MON. ____ TUES. ____ WED. ____ THURS. ____ FRI. ____

PLEASE CHECK HERE IF YOUR CHILD IS ABLE TO WALK UP ON THEIR OWN _____

Your child needs to be third grade or older to walk up on their own.

***** THERE IS A \$50 NON-REFUNDABLE REGISTRATION FEE WILL BE APPLIED TO
YOUR FIRST BILL IN SEPTEMBER. THANK YOU. *****