

SAINTS PETER AND PAUL SCHOOL
CHILDREN ARE RECEIVING EXTENDED SERVICES

C.A.R.E.S. PROGRAM
REGISTRATION FORM 2016-2017

FAMILY NAME: _____

FATHER'S NAME _____

CELL # _____

WORK # _____

MOTHER'S NAME _____

CELL # _____

WORK # _____

CHILD(REN)'S NAME

GRADE

THE DAYS 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. ____

***** THERE IS A \$50 NON-REFUNDABLE REGISTRATION FEE. THANK YOU. PLEASE
RETURN TO MRS. LOWTHERT OR MS. PEACOCK. THANK YOU.**