

Saint Ephrem School
CARES Registration Form 2022-2023
PreK-8th Grade

Date: _____

ATTENDANCE INFORMATION

My child is in Grade: Pre-K4 _____ (2:15 Start for PreK) Kindergarten _____ Gr. 1-8 _____ (please specify)

I will need Morning CARES: 6:30AM - Start of School Yes _____ No _____

I will need Afternoon CARES: 2:30 – 4:00PM _____ 4:00 – 5:00PM _____ 5:00-6:00PM _____

I intend to use CARES 5 days a week _____

I intend to use CARES less than 5 days a week: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

I intend to use CARES occasionally, and I will be responsible for sending in a note for the day it is needed _____

STUDENT INFORMATION

Name _____ Gender: M _____ F _____

Address _____

Birth Date ____/____/____ Home Phone _____

Special Interests, Hobbies, etc. _____

Special Medical Information _____

Food Allergies _____

Doctor's Name _____ Phone Number _____

PARENT INFORMATION

Mother's Name _____ Place of Employment _____

Mother's Email Address _____

Work Phone _____ Cell Phone _____

Father's Name _____ Place of Employment _____

Father's Email Address _____

Work Phone _____ Cell Phone _____

EMERGENCY CONTACTS

In the event we are unable to contact you, please provide the names of two people, who live locally, whom we can call in an emergency.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

DISMISSAL PERMISSION

The following adults may pick up the above student from the CARES Program:

1. Print Name _____ (Mother) Signature _____

2. Print Name _____ (Father) Signature _____

3. Print Name _____ (Other) Signature _____