



# St. James Regional Catholic School

## C.A.R.E.S Program

### Registration Form

REGISTRATION FEE \$15.00  
DATE RECEIVED \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MOTHERS NAME \_\_\_\_\_ CELL # \_\_\_\_\_

WORK# \_\_\_\_\_

FATHERS NAME \_\_\_\_\_ CELL # \_\_\_\_\_

WORK# \_\_\_\_\_

#### EMERGENCY PICK-UP (OTHER THAN PARENTS)

1. NAME \_\_\_\_\_ NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. NAME \_\_\_\_\_ NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

THE FOLLOWING PERSON(S) MAY **NOT** PICK-UP MY CHILD(REN):

\_\_\_\_\_

MEDICAL INFORMATION: (EXAMPLE ALLERGIES) \_\_\_\_\_

\_\_\_\_\_

#### ALL PAYMENTS SHOULD BE COMPLETED BY THE END OF EACH MONTH

PARENT'S SIGNATURES: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S SIGNATURES: \_\_\_\_\_ DATE: \_\_\_\_\_