

**Saint Pius X Catholic School C.A.R.E.S. Program  
2016-2017 School Year**

**REGISTRATION FORM  
(Please complete one sheet for each child.)**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_

Sex: \_\_\_\_\_ (M) \_\_\_\_\_ (F)      Date of Birth: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Special Needs Information**

Special Needs (allergies, health problems, etc. and directives):

\_\_\_\_\_

\_\_\_\_\_

**PLEASE CIRCLE THE DAY AND TIME C.A.R.E.S. IS NEEDED**

**BEFORE CARE:**

7:30 – 8:00 AM      Monday      Tuesday      Wednesday      Thursday      Friday

8:00 – 9:00 AM      Monday      Tuesday      Wednesday      Thursday      Friday

My child **WILL** or **WILL NOT** need breakfast on these days.

**AFTER CARE:**

3:00 – 4:00 PM      Monday      Tuesday      Wednesday      Thursday      Friday

4:00 – 5:00 PM      Monday      Tuesday      Wednesday      Thursday      Friday

5:00 – 6:00 PM      Monday      Tuesday      Wednesday      Thursday      Friday

11:50 - 3:00      Early Dismissal Day

**C.A.R.E.S** is also available without pre-registration by forwarding a note to your child's teacher or by calling the school office on the day he/she will participate in the program. However, paperwork must be completed when you pick-up your child in order to have the information on file with CARES.