



# St. Joseph the Protector CARES Registration Form 2017 – 2018

Our C.A.R.E.S. (*Children Are Receiving Extended Service*) program is open to any St. Joseph the Protector student in K through Grade 8. The hours of operation are from 7:00 a.m. to 8:00 a.m. and 3:00 p.m. to 6:00 p.m.

\*AM (Morning) C.A.R.E.S. is not available on delayed openings.

\*\*PM (Afternoon) C.A.R.E.S. will be provided on half-day school days until 6:00 pm

**AM C.A.R.E.S.**

**\$6 per child**

**PM C.A.R.E.S.**

**\$6 per child until 4pm**

**\$12 per child until 5pm**

**\$18 per child until 6pm**

Whether you plan to have your child participate regularly or just occasionally as needed, you must complete this form and return it to the school.

A calendar will be emailed home for the upcoming month for planning your needs for C.A.R.E.S. It is important to complete this calendar and return it to the school office promptly to prepare adequate staffing, snacks and supplies each month. The calendar can also be found on the StJP school website. In cases of last minute attendance, a parent may call or email the school office and C.A.R.E.S. Director to request that their child be sent to C.A.R.E.S. **Please note that we can only do this if the registration form has been previously filled out.**

**If your plans change and you need to cancel your child’s attendance at C.A.R.E.S., you must call the ①office, ②send an email to notify your child’s teacher and ③the C.A.R.E.S. director for the safety of your child.**

**AM (MORNING) CARES** \_\_\_\_\_

**PM (AFTERNOON) CARES** \_\_\_\_\_

**STUDENT NAME (FIRST AND LAST)**

**CURRENT GRADE**

\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PARENT/GUARDIAN(S) NAME:** \_\_\_\_\_

**CELL:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**\*\*\*WHO ELSE IS AUTHORIZED TO PICK UP YOUR CHILD? (Please note: Authorized persons must be an adult or an older sibling who is 18 years old or older) We will only allow your child to leave with the people you list here. A Photo ID will be required upon pickup. \*\*\***

**PEOPLE AUTHORIZED TO PICK UP:** \_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**EMERGENCY CONTACT** (include as many as you like/use back of this form, if needed)

*In the event that I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence, and may also release my child from the CARES program, if necessary. (Please have your license with you.)*

**FIRST NAME/ LAST NAME:** \_\_\_\_\_

**CELL:** \_\_\_\_\_ **ALTERNATE PHONE:** \_\_\_\_\_

**INSURANCE**

**DOES YOUR FAMILY CARRY MEDICAL INSURANCE?** YES  NO

**IF YES, WHAT IS YOUR INSURANCE CARRIER?** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**MEDICATION INFORMATION**

**WILL THE C.A.R.E.S. MODERATORS NEED TO ADMINISTER ANY MEDICATION DURING THE PM SCHOOL PROGRAM?** YES  NO

**IF SO, LIST:** \_\_\_\_\_

This information will help us provide the best care for your child during C.A.R.E.S. and will help in the event of an emergency.

**ASTHMA - DOES YOUR CHILD CARRY AN INHALER?** YES  NO

**OTHER:** \_\_\_\_\_

**ALLERGY INFORMATION**

**PLEASE LIST ANY KNOWN ALLERGIES**

**FOOD ALLERGIES - PLEASE LIST:** \_\_\_\_\_

**BEE STINGS**  **TREES, GRASS, POLLEN**  **ANIMALS**

**\*\* In case of serious medical concerns, if I or our emergency contacts cannot be reached, I wish my child to be taken to the Emergency Room of the nearest hospital.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**\*Please return this entire form completed to school to finalize your registration. Thank You!**