CARES Registration Fee \$25 per family due with Paperwork



SAINT ALOYSIUS PARISH SCHOOL

Faith * Tradition * Innovation * Excellence

CARES REGISTRATION 2023-2024

udent Name									
	First			Middle			Last		
Female ☐ Ma	le	Grade (2023—2024)	Student's	s Age		Date	e of Birth		
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tudent Name	Firs	f		Middle			Last		
□ Female □ Ma		Grade (2023-2024)	Student'	's Age		Date			
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tudent Name									
∃Female □ Ma	First Female ☐ Male Grade (2023—2024)		Student'	Middle Student's Age		Last Date of Birth			
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Primary _									
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See other side

Approved list of adults with permission to pick-up your child/ren.

Name								
	Last	First	Relationship					
	Daytime Phone	Cell Phone						
Name	Signature of Contact							
	Last	First	Relationship					
	Daytime Phone	Cell Phone						
	Signature of Contact							
Name	Last	First	Relationship					
	Daytime Phone	Cell Phone						
	Signature of Contact							
Describe spe								
	_							
My signature on this form indicates I have read the CARES Program Information document and agree to all financial and parental responsibilities of the CARES program. I understand that ONLY people whose name appears above are permitted to pick-up my child from CARES. I agree to pay all charges and fees related to the CARES program. I have enclosed my \$25.00 registration payment.								
*Checks are to be made payable to <u>Saint Aloysius CARES program</u> .								

Date

Signature