

**OUR LADY OF CALVARY CARES PROGRAM
REGISTRATION FORM**

PLEASE COMPLETE AND RETURN WITH PAYMENT

I require the following services from the OLC CARES Program:

____ Morning Full-time Care – 6:30 AM Drop-off

____ Morning Part-time Care – 7:00 AM Drop-off

____ After School Full-time Care – Check one: Pick-up before 5:00 ____ or Pick-up by 6:00 ____

____ After School Part-time Care – Check one: Pick-up before 5:00 ____ or Pick-up by 6:00 ____

Check the days your child(ren) will attend: Mon. ____, Tues. ____, Wed. ____, Thurs. ____, Fri. ____

Name of Child(ren) and Grade: _____

Father's Name: _____ Mother's Name _____

Address: _____

Phone Number: _____ Emergency Number: _____

Father's Work #: _____ Mother's Work #: _____

Father's Cell #: _____ Mother's Cell #: _____

Who is authorized to pick up your child(ren)? _____

Health Concerns: (Allergies, medication, etc.) _____

Written consent is given for: (Please check)

____ Emergency Medical Care ____ Administration of non-prescription drugs

____ Prescription Drugs ____ Call you at work when your child seems very ill.

(Parent's Signature)