

**MATERNITY B.V.M. C.A.R.E.S. REGISTRATION 2021-2022**

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ **GRADE (2021-2022)** \_\_\_\_\_

**Parent Information**

Mother's Last Name \_\_\_\_\_ First \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone #/Extension \_\_\_\_\_

Email (please print) \_\_\_\_\_

Father's Last Name \_\_\_\_\_ First \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone #/Extension \_\_\_\_\_

Email (please print) \_\_\_\_\_

The following persons, other than parents, **HAVE BEEN AUTHORIZED** to pick up my child

Name/Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relation \_\_\_\_\_ Phone \_\_\_\_\_

The following person (s) **MAY NOT** pick up my child \_\_\_\_\_

**Medical Information**

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies \_\_\_\_\_ Chronic Illness \_\_\_\_\_

Epi Pen? Yes No

I give permission to the C.A.R.E.S. staff to act in the event of an emergency when a parent cannot be

reached (please sign). \_\_\_\_\_

Please check all times that your child (children) will be attending C.A.R.E.S.

Early pickup (4:30) \_\_\_\_\_

Late pickup (5:45) \_\_\_\_\_

5 days per week \_\_\_\_\_

Part-time (Please circle days) M T W TH F

