

# CARES Program Registration Form

## St. Katharine Drexel School

### REGISTRATION

Date: \_\_\_\_\_ Registration Fee: \$35.00/family - non-refundable - payable to SKD Cares Program

#### Child Information:

Child Name (First, Last): \_\_\_\_\_ Grade/Age in September: \_\_\_\_/\_\_\_\_

Child Name (First, Last): \_\_\_\_\_ Grade/Age in September: \_\_\_\_/\_\_\_\_

#### CARES Attendance (circle/fill out all that apply):

##### Full-Time (M-F)

AM (drop-off time): \_\_\_\_\_

PM (pick-up time): \_\_\_\_\_

##### Part-Time (AM)

Days: (M - T - W - Th - F)

AM (drop-off time): \_\_\_\_\_

##### Part-Time (PM)

Days (M - T - W - Th - F)

PM (pick-up time): \_\_\_\_\_

#### Occasional (not weekly or less)

Specify: \_\_\_\_\_

#### Parent Information:

Parent Name(s) (First, Last): \_\_\_\_\_

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

Best Number to call in case of emergency or closure (in call order): \* Please label cell or work

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

Best Email for CARES: \_\_\_\_\_

If PM CARES is canceled, indicate your alternate dismissal plan: CAR RIDER or BUS (# and dist.): \_\_\_\_\_

#### Authorized Adults for Emergency Pickup:

Name	Relationship	Phone Number

#### Medical / Family Information:

If none, write NONE. Please list any medical or family concerns (custody, other). Provide specific instructions should your child experience an emergency related to any of the above, including hospital preference. Use the other side if needed.

**\*Please make sure the information is on file in the nurse's office.**

#### Consent/Acknowledgement:

I/we give consent to the above to their participation in the SKD CARES Program (CARES). All risks/hazards incidental to the conduct of and activities undertaken by my children, and hereby release/absolve/hold harmless CARES, its employees/volunteers, from and against any claims/liabilities/causes of action for any injury, illness, accident or incident that results from or arises out of their participation in CARES. I acknowledge and understand that our conditional acceptance into and participation in CARES, as a family, is governed by the values, policies, and procedures of SKD School.

Parent/Legal Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_