

Christ the King School CARES Program Registration Form

Child's name: _____ Grade: _____

Parent's last name – if different: _____

Address: _____

Home phone: _____ Work (M): _____ Work(F): _____

Cell (M): _____ Cell(F): _____

Email: _____

Emergency contact name: _____

Emergency contact phone: _____

Relationship: _____

I will be using the Program: 3 days _____ 4 days _____ 5 days _____

I will be using the Program only now and then:

Weekly for 1 hour _____ 2 hours _____ 3 hours _____

List those who are authorized to pick up your child. We will not release your child to anyone whose name does not appear on this list!

Mother: _____

Father: _____

Please list any **ALLERGIES** or other conditions we should be made aware of:

Will you be using our Program for your **Emergency Dismissal Plan**? Yes ___ No ___