

C.A.R.E.S. Registration

2020-2021

STUDENT INFORMATION

Child's Full Name	Grade 20-21	Allergies (Y/N)	Allergy Type	Allergy Reaction	EPI-PEN

CHECK DAYS ATTENDING -- Must be filled out.

Please state - Child's Name - Morning (M) or Afternoon (A) Cares or Both if needed.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Primary Family Address: _____

PARENT INFORMATION

Relation	Name	Address	Email	Phone	
				Primary:	
				Cell:	
				Work:	
				Primary:	
				Cell:	
				Work:	

Person(s) Responsible for Payments: _____

Payment Address if other than Parents: _____

Please list any persons who MAY NOT call: _____

ILLNESS/ACCIDENT/LEAVING PREMISES: IN THE EVENT OF AN APPARENTLY SERIOUS ILLNESS OR ACCIDENT WHEN I CANNOT BE REACHED, I WISH ONE OF THE EMERGENCY CONTACTS LISTED ON MY CHILD'S EMERGENCY INFORMATION CARD TO BE NOTIFIED BY TELEPHONE. THEY ARE AUTHORIZED TO ACT IN MY ABSENCE.

BY SIGNING MY NAME BELOW I ACKNOWLEDGE THAT THE INFORMATION ENTERED ON THIS FORM IS TRUE AND ACCURATE. IT ALSO GIVES PERMISSION FOR MY CHILD TO BE TAKEN TO PAOLI HOSPITAL IN AN EMERGENCY. THIS INFORMATION MAY BE SHARED WITH THE APPROPRIATE PERSONNEL.

Parent Signature: _____

Print Parent Name: _____ **Date:** _____