

# Registration Form

Child 1 name	Grade
Child 2 Name	Grade
Child 3 Name	Grade

## AFTER SCHOOL PROGRAM

(Circle days of the week desired.)

MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY

## BEFORE SCHOOL PROGRAM

(Circle days of the week desired.)

MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY

## Payment Plan (please indicate preference)

\_\_\_\_\_ Annual fee is divided into monthly installments payable the first school day of each month, September through May.

\_\_\_\_\_ Drop-In program: Payment is due on day of attendance.

Arrangement to be billed at the conclusion of each month may be made with the C.A.R.E.S. director. A fee of \$10.00 will be assessed on any late payment beyond 30 days.

Registration fee enclosed:

Parent's Signature

CARRES

AT GMA...CHILDREN ARE RECEIVING EXTENDED SERVICES

# Emergency Information

CARES

AT GMA...CHILDREN ARE RECEIVING EXTENDED SERVICES

Mother's Name		
Father's Name		
Address		
Home	Mother's Cell No.	Father's Cell No.
Doctor/Phone		
Dentist/Phone		

Please list person to be contacted for care if the parents are not available.

Name	Relationship	Phone
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_____	_____	_____
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Please list person authorized to pick up your child; include parents' names:

_____
_____
_____
_____

Any known medical problems—include medication child takes. \_\_\_\_\_

\_\_\_\_\_

Please write any Special Emergency Directions: \_\_\_\_\_

\_\_\_\_\_

I give my permission that my child may be taken to the nearest doctor or hospital and treated in the event of serious injury or accident.

*Note: Please return this form with Registration for the C.A.R.E.S. Program.*

\_\_\_\_\_  
Signature of Parent Guardian