

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/Monthly 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/Guardian's Signature

Note: Please return this form with registration fee to register for the CARES Program via mail to CARES - GMA, 816 Norristown Road, Ambler, PA 19002 or drop off at the Main Office. Check should be made out to Gwynedd-Mercy-Academy.

- \$25.00 Registration fee for single student
- \$65.00 Registration fee for families of 3 or more.

CARES

AT GMA...CHILDREN ARE RECEIVING EXTENDED SERVICES

Emergency Information

CARRES

AT GMA...CHILDREN ARE RECEIVING EXTENDED SERVICES

Parent/Guardian 1 Name		
Parent/Guardian 2 Name		
Address		
Home No.	Parent/Guardian 1 Cell No.	Parent/Guardian 2 Cell No.
Doctor/Phone		
Dentist/Phone		

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

Name	Relationship	Phone

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.

Signature of Parent Guardian