

C.A.R.E.S. CLUB REGISTRATION FORM

CHILD'S NAME _____ GRADE _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

Parent/Guardian (with whom child resides)

MOTHER _____ SOCIAL SECURITY _____

EMPLOYED AT _____ PHONE _____

FATHER _____ SOCIAL SECURITY _____

EMPLOYED AT _____ PHONE _____

List other persons who are authorized to pick up your child.

_____ PHONE _____

_____ PHONE _____

_____ PHONE _____

MEDICAL INFORMATION

Is your child on any medication? _____. What? _____

Will the child care staff need to dispense the medication? _____

Does your child have any allergies or other medical conditions? Please list _____

PHYSICIAN _____ **DENTIST** _____

In the event that my child becomes ill or sustains injury that requires medical care, I hereby give my consent to those in charge to provide emergency medical care through a licensed clinic, hospital, or physician. I understand that I shall assume financial responsibility. Centerville Abington School Corporation will not assume responsibility for any injury received while your child is in our care.

PARENT/GUARDIAN _____ **DATE** _____

I give my consent for my child to go to field trips either walking or by bus. C.A.R.E.S Club personnel will supervise all such activities.

PARENT/GUARDIAN _____ **DATE** _____

My child's schedule:

FIRST DAY MY CHILD WILL ATTEND CARES _____

*IT IS VERY IMPORTANT WE KNOW FOR CERTAIN WHEN YOUR CHILD WILL START.

CIRCLE THE DAYS OF THE WEEK YOUR CHILD WILL ATTEND:

Monday Tuesday Wednesday Thursday Friday

WILL YOUR CHILD ATTEND EARLY MORNING CARES? (6:00-8:00) _____

WILL YOUR CHILD ATTEND THE AFTER SCHOOL PROGRAM? _____

DOES YOUR CHILD HAVE A SIBLING AT THE OTHER ELEMENTARY? _____

IF SO, WILL HE OR SHE BE RIDING THE TRANSFER BUS TO JOIN YOUR CHILD LISTED ON THIS REGISTRATION FORM? _____

PART TIME SCHEDULES:

WILL YOUR CHILD BE ON AN "AS NEEDED" BASIS ONLY? _____

WILL YOUR CHILD HAVE A CHANGING SCHEDULE OF ATTENDANCE? _____

I UNDERSTAND THAT IF MY CHILD IS ON AN "AS NEEDED" BASIS OR A "CHANGING" SCHEDULE I AM RESPONSIBLE FOR INFORMING THE CARES STAFF WHEN MY CHILD WILL ATTEND. _____

(I Agree)

NOTES: _____
