

**2017 - 2018 CARES PROGRAM ~ REGISTRATION
SAINTS SIMON AND JUDE SCHOOL**

CHILD NAME (FIRST, LAST) **SEX** **BIRTHDATE** **GRADE 2017-2018 / RM#**

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Address _____

Home Phone _____ **Cell Phone** _____

Home email _____

NAME OF PARENTS AND/OR GUARDIAN

Father Name _____ **Cell #** _____

Father email _____ **Work #** _____

Mother Name _____ **Cell #** _____

Mother email _____ **Work #** _____

Guardian Name _____ **Cell #** _____

Guardian email _____ **Work #** _____

**Please attach non-refundable registration fee of \$25.00 per child with this form.
Checks made payable to: *Saints Simon and Jude CARES Program.***

**I understand payments are due weekly, I am responsible for all fees and payments. My
child/children will not be admitted to the program unless all accounts are current.**

Signature _____ **Date** _____

Signature _____ **Date** _____

Thank you for entering all information clearly.