

**2018 - 2019 REGISTRATION FORM**  
**SAINTS SIMON AND JUDE SCHOOL CARES PROGRAM**

**CHILD INFORMATION**

**CHILD #1 - (First, Last)** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Grade/Room# 2018/2019: \_\_\_\_\_

**CHILD #2 - (First, Last)** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Grade/Room# 2018/2019: \_\_\_\_\_

**CHILD #3 - (First, Last)** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Grade/Room# 2018/2019: \_\_\_\_\_

**CONTACT INFORMATION**

Address: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

**PARENTS AND/OR GUARDIAN**

Father's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**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 and 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: \_\_\_\_\_**