



SAINT ALOYSIUS PARISH SCHOOL

Faith ★ Tradition ★ Innovation ★ Excellence

CARES REGISTRATION 2024-2025

Student Information

Student Name _____

First Middle Last

Female Male Grade (2024—2025) Student's Age _____ Date of Birth _____

Check one _____

Student Name _____

First Middle Last

Female Male Grade (2024-2025) Student's Age _____ Date of Birth _____

Check one _____

Student Name _____

First Middle Last

Female Male Grade (2024-2025) Student's Age _____ Date of Birth _____

Check one _____

Primary Address _____
Street City State Zip Home Phone

Please list any allergies or other medical conditions:

Family Information (Please make certain all phone numbers/email address are current)

FATHER

MOTHER

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Home Phone _____

Home Phone _____

Religion _____

Religion _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Parent's Marital Status Married Divorced Separated Widow Widower

Approved list of adults with permission to pick-up your child/ren.

Name _____
 Last _____
 First _____
 Relationship _____
 Daytime Phone _____
 Cell Phone _____
 Signature of Contact _____

Name _____
 Last _____
 First _____
 Relationship _____
 Daytime Phone _____
 Cell Phone _____
 Signature of Contact _____

Name _____
 Last _____
 First _____
 Relationship _____
 Daytime Phone _____
 Cell Phone _____
 Signature of Contact _____

Name _____
 Last _____
 First _____
 Relationship _____
 Daytime Phone _____
 Cell Phone _____
 Signature of Contact _____

Describe special custody arrangements:

My signature on this form indicates I have read the CARES Program Information document and agree to all financial and parental responsibilities of the CARES program. I understand that ONLY people whose name appears above are permitted to pick-up my child from CARES. I agree to pay all charges and fees related to the CARES program. **I have enclosed my \$25.00 registration payment.**

*Checks are to be made payable to Saint Aloysius CARES program.

Signature _____

Date _____