St. Hilary of Poitiers CARES Program
Registration Form 2011-2012

Family Name _____

	Date of Birth	Grade in Sept.
Child's Name _____	_____	_____
Child's Name _____	_____	_____
Child's Name _____	_____	_____

I wish to enroll my child/children for the following:

_____ **Weekly:** _____5 days

_____only (Please list the days you will use CARES weekly.)

_____ **Occasionally**

Parent Information

This information will be used to send the CARES forms that are necessary for the opening of the program in September, which will be mailed in the summer.

Parent/Guardian's First and Last Name

_____

Complete Address (including Street, City, Zip Code)

_____

_____

Phone Numbers

Home_____ Cell_____ Business_____

Email Address_____

Please return this form accompanied by the $25.00 Registration Fee by June 15th