

**St. Katharine of Siena School: C.A.R.E.S. Program
Registration and Emergency Contact Form
2023-2024 School Year**

Family Name: _____

Child/children and grade _____

Cell Number for parent 1: _____

Email address: _____ **Cell**

Number for parent 2: _____

Email address: _____

Phone number to call in the event of an emergency:

Name: _____ **number** _____

Name: _____ **number** _____

Name of anyone other than parent who may be picking up:

_____ **relation to child/children**

Any allergies or medical concerns for your child/children:

Days and times your child/children will be using the program

Cares Fees: Full Time 3-6pm monthly fee \$240 per child

Part Time 3-4:30 monthly fee \$170 per child

Daily drop-in fee \$25 per child