ST. HELENA CARES Registration 2021-2022

Family Name:	Num	ber of Children for C	ARES:
I elect to use the follow	ing CARES Programs on a	regular basis through	hout the
entire school year and understand	that I will be billed through	hout the year for thes	e days.
Mornings Early Birds:			
Monday To	uesday Wednesday	Thursday	Friday
Mornings Tiger Time:			
Monday Tu	uesday Wednesday	Thursday	Friday
Afternoons CARES:			
Monday To	uesday Wednesday	Thursday	Friday
Approximate pick up	time from after school CAR	ES:	
	OR		
I elect to use one or	more of the CARES Pro	ograms on a per die	m basis and
understand that I must contact the	school in advance to see	if space is available.	
	Student Information:		
Name:		_ Grade:	
Special Medical Information:			
Name:		Grade:	
Special Medical Information:			
Name:		Grade:	
Special Medical Information:			

Parent/Guardian Information

Mother:		Father:	
Place of Employment: _		Place of Employment:	
Cell phone:		Cell phone:	
Work phone:		Work phone:	
Email:		Email:	
In the event we are una locally whom we can ca	• • • •	Contacts Irnish us with the names of two people who live	
Name	Relationship	Phone	
Name	Relationship	Phone	
In addition to the emergethe CARES program:	Dismissal Pe ency contacts named, the follo	rmission owing adults may also pick up my child(ren) from	
Name	Relationship	Phone	
Name	Relationship	Phone	
I have read the CARES School CARES program		de by the policies and guidelines of St. Helena	
Parent Signature:		Date	

Seating is limited.

Please complete this form at return to St. Helena School.

Registration will be on a first come/first serve basis, with priority given to those families reserving a set recurring schedule for the entire school year. No children may attend with the registration form on file. You will receive an email confirming placement before the beginning of the school year.