

# CARES Program

Family Name: \_\_\_\_\_

Please check ALL that apply and submit with your payment.

Week Of: \_\_\_\_\_ M T W Th F

AM CARES:

PM CARES:

After School Activity:

	M	T	W	Th	F
AM CARES:					
PM CARES:					
After School Activity:					

Please send this slip with payment **PRIOR** to attending the **CARES Program**.

white copy - office • yellow & pink copy - teacher • gold copy - parent

*for school office only*

PAID  Yes /  No

Check # \_\_\_\_\_ /  Cash

Amount Due: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

# Thank you

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