



Our Lady of Good Counsel Catholic School

611 Knowles Ave ∞ Southampton, Pennsylvania 18966
215-357-1300 ∞ www.school.olgc.org

2017-2018 School Year CARES Program- Registration Form

Registration fee: **\$50.00 per family per year if using CARES everyday**
\$20.00 per family per year if using CARES on occasion or for emergencies

PARENT INFORMATION

Mother's Last Name: _____ First: _____

Address: _____ City: _____

Work number: (____) _____ - _____ Cell number: (____) _____ - _____

Home number: (____) _____ - _____

Father's Last Name: _____ First: _____

Work number: (____) _____ - _____ Cell number: (____) _____ - _____

Home number: (____) _____ - _____

AM CARES

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Days child(ren) will be enrolled:

_____ 5 days per week

_____ Part-time: If so, please list days: _____

PM CARES

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Days child(ren) will be enrolled:

_____ 5 days per week

_____ Part-time: If so, please list days: _____

EMERGENCY CONTACT

#1 Name: _____

Address: _____

City: _____ Zip: _____

Home: (_____) _____ - _____ Work: (_____) _____ - _____

Cell: (_____) _____ - _____

#2 Name: _____

Address: _____

City: _____ Zip: _____

Home: (_____) _____ - _____ Work: (_____) _____ - _____

Cell: (_____) _____ - _____

APPROVED PICK-UP NAMES

#1: _____

#2: _____

#3: _____

#4: _____

#5: _____

I have read and agree to the CARES Program Handbook and Registration Forms.

Parent Signature & Date
