

SAINT PHILIP NERI SCHOOL
C.A.R.E.S. REGISTRATION

1ST CHILD'S NAME _____

BIRTHDAY _____

GRADE _____ ROOM _____

2ND CHILD'S NAME _____

BIRTHDAY _____

GRADE _____ ROOM _____

ADDRESS _____

PHONE _____

EMERGENCY PHONE _____

ALLERGIES _____

NAME OF PERSON PICKING CHILD/CHILDREN UP AND RELATIONSHIP

PERMISSION TO DO HOMEWORK _____ YES _____ NO

FOODS NOT PERMITTED _____

PLEASE CHECK SESSIONS: AM: _____ P.M.: _____

BOTH: _____

PARENTS'S SIGNATURE _____

NAME PRINTED _____

SAINT PHILIP NERI SCHOOL
C.A.R.E.S. REGISTRATION

1ST CHILD'S NAME _____

BIRTHDAY _____

GRADE _____ ROOM _____

2ND CHILD'S NAME _____

BIRTHDAY _____

GRADE _____ ROOM _____

ADDRESS _____

PHONE _____

EMERGENCY PHONE _____

ALLERGIES _____

NAME OF PERSON PICKING CHILD/CHILDREN UP AND RELATIONSHIP

PERMISSION TO DO HOMEWORK _____ YES _____ NO

FOODS NOT PERMITTED _____

PLEASE CHECK SESSIONS: AM: _____ P.M.: _____

BOTH: _____

PARENTS'S SIGNATURE _____

NAME PRINTED _____