



*Blessed Teresa of Calcutta
Education Center*



**CARES REGISTRATION FORM
BLESSED TERESA OF CALCUTTA CHILDCARE**

2011-2012

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Home Address _____ Home Phone _____

Father's Name _____ Work Place _____ Work Phone _____

Cell Phone _____ Beeper # _____ Emergency Phone Number _____

Mother's Name _____ Work Place _____ Work Phone _____

Cell Phone _____ Beeper # _____ Emergency Phone _____

DRIVER'S LICENSE MUST BE SHOWN BEFORE CHILD IS RELEASED TO ANYONE

STUDENT'S SCHEDULE FOR EXTENDED CARE

**BEFORE SCHOOL
CARES Program**

6:30 am – 7:30 am

**Days Drop Off
Attending Time**

Mon	
Tues	
Wed	
Thurs	
Fri	

**BEFORE SCHOOL
Pre-K 4 only**

7:30 am – 9:00 am

**Days Drop Off
Attending Time**

Mon	
Tues	
Wed	
Thurs	
Fri	

**AFTER SCHOOL
CARES Program**

3 pm – 6 pm

**Days Drop Off
Attending Time**

Mon	
Tues	
Wed	
Thurs	
Fri	

10% DISCOUNT FOR SIBLINGS

EMERGENCY DROP-IN RATE \$20/DAY (3 pm – 6 pm)

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE