

**ST. PHILIP NERI SCHOOL  
CARES PROGRAM APPLICATION**

**2006-07 SCHOOL YEAR**

<u><b>Name(s) of Child(ren)</b></u>	<u><b>Sex (circle)</b></u>	<u><b>Date of Birth (M/D/Y)</b></u>	<u><b>Grade 9/06</b></u>
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1. M / F

2. M / F

3. M / F

4. M / F

Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Emergency Phone( ) \_\_\_\_\_

\_\_\_\_\_

Expected Pick Up Time: Circle one By 5:00 p.m. SHARP

Between 5:00 and 6 p.m.

Please indicate if you will be using CARES every day or on a part time basis.

Attached is my/our non-refundable application fee of \$25.00 made payable to "St. Philip Neri School."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CARES Official

\_\_\_\_\_  
Date