

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

**2009-10 SCHOOL YEAR**

<u>Name(s) of Child(ren)</u>	<u>Sex (circle)</u>	<u>Date of Birth (M/D/Y)</u>	<u>Grade</u>
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1.	M / F		
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2.	M / F		
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3.	M / F		
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4.	M / F		
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Home Address: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

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

\_\_\_\_\_

Expected Pick Up Time:    Circle one        By 4:00 p.m.

By 5:00 p.m.

By 6:00 p.m.

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

Day(s) using CARES: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date