



**POPE JOHN PAUL II**  
 Regional Catholic Elementary School  
 GROWING IN FAITH, LEARNING FOR TOMORROW

**C.A.R.E.S. – Registration Form**  
**AFTER SCHOOL PROGRAM 2011-2012**

Today's Date: \_\_\_\_\_

Full Time (Monday through Friday ) \_\_\_\_\_

Full Time **ONLY These Days** attending (**circle**)    M   T   W   Th   F

Extended CARES needed After the Bell (circle)    M   T   W   Th   F  
 (To Be paid in Full with ATB Registration)

**Start Date** \_\_\_\_\_

Name(s) of Child(ren)

\_\_\_\_\_

Grade(s) for the 2011-2012 School Year

\_\_\_\_\_

Emergency Phone Number

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

**NOTE:**

**If your child(ren) decides to attend any After The Bell Programs during the school year. You MUST send a revised C.A.R.E.S. registration form at that time so that your monthly billing can be adjusted properly. If multiple children are attending ATB send one registration form for each child.**