Immaculate Conception School

Children Are Receiving Extended Services
Extended Day Program (CARES)

Registration Form

Child's Name **Date of Birth** **Grade**

1. _____

2. _____

3. _____

4. _____

Parent or Guardian Name:_____

Home Address:_____ Phone Number:

_____ _____

E-Mail Address:_____

I am registering my children: _____ Full Time (5 days)

_____ Part Time (3 days) Mon Tues Wed Thurs Fri
(Please circle the three days of your choice)

I understand that any deviation from this 'norm' will require a note be sent to the CARES staff no later than the morning of the change.

I understand that fees are due the first of each month for the coming month and that my child will not be admitted to the program unless payment is current.

I understand that CARES will begin the first full week of school (Monday, September 13th).

Enclosed is my non-refundable registration fee of $25.00 per family. (Checks payable to ICS)

Signature:_____ Date:_____

Return by mail by Wednesday, August 25th, 2021 to:
IC School – CARES Program
41 Mountain Avenue
Somerville, NJ 08876