

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 (September 12).

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

Signature: _____ Date: _____

Return by mail by Wednesday, August 24, 2022 to:
IC School – CARES Program
41 Mountain Avenue
Somerville, NJ 08876