

**Immaculate Conception School**  
**Children Are Receiving Extended Services**  
**Extended Day Program (CARES)**

**Registration Form**

<b>Child's Name</b>	<b>Date of Birth</b>	<b>Grade</b>
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 week of school. (Tuesday, September 8, 2020)**

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

Signature: _____	Date: _____
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**Return by mail by Friday, August 28<sup>th</sup>, 2020 to:**  
**ICS – CARES Program**  
**41 Mountain Avenue**  
**Somerville, NJ 08876**