

# Lower School CASE Registration 2011-2012

Child's Name: \_\_\_\_\_ Gender: M / F  
 D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Home Address: \_\_\_\_\_

| Quarters | Days per Week (circle) |
|----------|------------------------|
| 1        | 5 4 3 2 Drop-in*       |
| 2        | 5 4 3 2 Drop-in*       |
| 3        | 5 4 3 2 Drop-in*       |
| 4        | 5 4 3 2 Drop-in*       |
|          |                        |

| Days per Week | Cost                 |
|---------------|----------------------|
| 5             | \$700.00 per quarter |
| 4             | \$630.00 per quarter |
| 3             | \$520.00 per quarter |
| 2             | \$350.00 per quarter |
| Drop-in*      | \$19.70 per day      |

*\* Please be sure to call or send a note on the days your child will be attending CASE.*

| #1 First Parent Contact Information | #2 Second Parent Contact Information |
|-------------------------------------|--------------------------------------|
| Name: _____                         | Name: _____                          |
| Home Phone: (    ) _____            | Home Phone: (    ) _____             |
| Cellular Phone (    ) _____         | Cellular Phone (    ) _____          |
| E-mail: _____                       | E-mail: _____                        |

Please list those people who are authorized to pick up your child:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies or Chronic Conditions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medications:

Name: \_\_\_\_\_ Usage: \_\_\_\_\_  
 Name: \_\_\_\_\_ Usage: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Thank you for carefully completing this form. Please return this registration before:  
**August 19, 2011**