

# St. Mary Magdalen Catholic School

Passionately Catholic & Academically Excellent

## C.A.R.E.S. Release Information

2024-2025

### Student Information

Name: \_\_\_\_\_ Room: \_\_\_\_\_

Name: \_\_\_\_\_ Room: \_\_\_\_\_

Name: \_\_\_\_\_ Room: \_\_\_\_\_

Primary Address: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

### Parent or Legal Guardian Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Primary Email(s): \_\_\_\_\_

**Note:** In an emergency, C.A.R.E.S. will not use email addresses as a means of contact. C.A.R.E.S. uses emails to provide informational updates or communicate billing issues.

In addition to the parents or guardians listed above, I authorize C.A.R.E.S. to release my child or children to the following individuals only. I understand that those authorized individuals listed below must present a valid Photo ID, which is required at pick-up, and be at least 18 or older.

**Authorized Individuals' Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Cell#: \_\_\_\_\_

Please list any medical conditions or allergies your child has that C.A.R.E.S. should be aware of

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

**C.A.R.E.S. Late Pick-Up & Pre-Registration Policies**

1) The C.A.R.E.S. program closes, and its staff is employed until 6 p.m. I acknowledge that my child must be picked up by that time, and if my child has not been picked up by 6:10 p.m., I will access a late fee of \$5 and an additional \$1 for each minute after that.

2) I also understand that I must register my child in advance for each day they will attend C.A.R.E.S., and I recognize that my child may not arrive unannounced or without C.A.R.E.S. knowledge or receipt of your consent.

I have read and agree to abide by the above policies related to late pick-up and pre-registration. Furthermore, I understand that it is my obligation to directly notify C.A.R.E.S. of any changes to the above information during the school year.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_