

Middle 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