



**SACRED HEART SCHOOL  
C.A.R.E.S. Program Application  
2015-2016**

Student Name

Grade

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Full-time (5 days) \_\_\_\_\_

Part-time \_\_\_\_\_

Dismissal Time: 2:45 - 4:30 PM \_\_\_\_\_

4:30 - 6:00 PM \_\_\_\_\_

If part-time, indicate the days of the week desired:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Various \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Home Address:

\_\_\_\_\_  
Street City Zip Telephone

Mom Cell/Work Phone: \_\_\_\_\_

Dad Cell/Work Phone: \_\_\_\_\_

**Attached is my \$25.00 Application fee (per family)**