

**Resurrection Regional School
C.A.R.E.S
Registration 2015-2016**

Family Name: _____

Child(ren) first name	Grade in September 2015

Home Address: _____

Home Phone: _____

Mother's Name: _____ **Mother's Cell:** _____

Father's Name: _____ **Father's Cell:** _____

How many days a week would your child(ren) require service? _____

C.A.R.E.S. Fees for 2015-2016

NUMBER OF CHILDREN	TOTAL COST
1 child	\$12.00 per day
2 children	\$18.00 per day
3 children	\$22.00 per day

Cares packets will be given out in September.