

TIGER CARE
CATHEDRAL-CARMEL SCHOOL
2010-2011 REGISTRATION FORM



Child's name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Birth date: _____ Grade: _____ Gender: _____

Applying for: Full-time Part-time (Tue & Thurs only) (Mon/Wed/Fri only) Drop-in

Mother's name: _____ Home phone: _____

Cell phone: _____ Work phone: _____

Employed by: _____

Father's name: _____ Home phone: _____

Cell phone: _____ Work phone: _____

Employed by: _____

Parent's Marital Status: Married Single Divorced Separated

Custody arrangements: _____

Physician's name: _____

Address: _____ Phone: _____

Hospital of choice: _____

Does your child have any allergies, medical conditions, or special needs that require medications or accommodations in order to participate in this program. If so, please explain. _____

Emergency contact:

Other than parent or doctor: (this person will be allowed to pick up your child).

Name: _____ Relationship: _____

Address: _____ Phone number: _____

The child will be released only to the person(s) signing this application or to the following person(s):

_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby grant permission for:

___ my child to use all of the playground equipment and participate in all the activities of the school.

___ any employee of Tiger Care to take whatever steps may be necessary to obtain emergency medical care if warranted.

___ my child to watch PG movies which will be shown at the teacher's discretion.

___ the administering of topical cream.

___ special circumstances _____

Parent Signature _____ Date: _____

This form cannot be processed unless signed by a legal guardian & \$15.00 registration fee is paid by July 31st.

PLEASE RETURN THIS FORM WITH THE \$15.00 non-refundable REGISTRATION FEE.

PLEASE MAKE CHECK PAYABLE TO: CCS/TIGER CARE

MAIL TO: Tiger Care
848 St. John Street
Lafayette, LA 70501

If you have any questions, please contact:

Trudie Lasseigne, Tiger Care Manager
Phone (337) 235-5577
Fax 337-261-9493

