

**TIGER CARE**  
**CATHEDRAL-CARMEL SCHOOL**  
**2009-10 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

