

APPLICATION FORM

Our Lady of the Assumption School Cares Program

NAME	GRADE/YEAR	#Days Requested
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ADDRESS

Street	City	Zip	Phone
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Parent or Guardian Name

Home Address _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Attached is my non-refundable registration fee of \$25.00 (per family)
payable to: Our Lady of the Assumption School CARES Program

Parent/Guardian Signature _____

Date _____