

APPLICATION FORM

St. Maximilian Kolbe School CARES Program

NAME

GRADE/YEAR

ADDRESS

Street

City

Zip

Telephone

Parent or Guardian Name _____

Home Address _____

Telephone _____

Cell Phone # _____

Business Address _____ **Telephone** _____

Additional cell phone# _____

Attached is my non-refundable registration fee of \$25.00 (per family) payable to:

St. Maximilian Kolbe Church

Parent/Guardian Signature _____

CARES Director _____

Date _____

