



# Saint Mary Catholic School

## C.A.R.E.S. Program

*Building the Faith, One Student at a Time*

40 Spring Mount Road, Schwenksville, PA 19473

Phone: 610-287-7757 Fax: 610-287-2562

www.smsk-8.org

### Student Information

Name: \_\_\_\_\_ Circle one: Male Female  
Last First Middle

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Siblings in Program: \_\_\_\_\_

### Parent/Legal Guardian Information

Student Primarily Lives With: \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other  
(Check All That Apply) \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother

\_\_\_\_\_ Grandparents \_\_\_\_\_ Legal Guardian

**Mother:** Name \_\_\_\_\_  
Last First

Is Address different than child's? No Yes (Please fill in below)

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Father:** Name \_\_\_\_\_  
Last First

Is Address different than child's? No Yes (Please fill in below)

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Legal Guardian:** Name \_\_\_\_\_ Relation to Student \_\_\_\_\_  
Last First

Is Address different than child's? No Yes (Please fill in below)

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

### Custody

Are there and custody/legal issue regarding this child? No Yes

*If yes, please provide a copy of the latest court order.*

