

CAK Warrior Wednesday Care Registration

*Please return form to Melanie Miller in the CAK Elementary School
before attending Warrior Wednesday Care.*

Parent's Names: _____

Home Phone: _____ Cell/Work: _____

Address: _____

City/State/Zip: _____

Email: _____

Child(ren)'s Name:	Grade:	ES/MS Homeroom Teacher:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CAK Staff? (circle) yes no

List the name and phone number of anyone who has permission to sign your child out of WWCare:

Name:	Relation to Child:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please initial the following: (information obtained on the CAK website – www.cakwarriors.com)

_____ I have received a copy of the Warrior Wednesday Policies and Procedures

Parent Signature: _____

Date: _____