

Caprecia Cares Registration Form

Student's Legal Name: _____

Last First Middle _____

Date of birth _____

Student's Address _____

School Enrolled In _____

Student's Cell Phone Number _____

Parent/Guardian Name: _____

Last Name: _____

First Name: _____

Relation: _____

Address Apt. Zip Code: _____

Parent/Guardian Cell Number _____

Does the student reside at this address? (Y/N) _____

Email/Scan Form to (info@capreciacares.org)