



Rockland County Sheriff's Office
Police Division
"C.A.R.E."
Registration Form

**PLEASE PRINT LEGIBLY
REVIEW WAIVER BEFORE SIGNING**

Date:	
School:	Grade:
Student's Last Name:	
First Name:	Middle Initial:
Date Of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Eye Color:	Hair Color:

Please Select One:

- I give permission for my child's image to be taken digitally by the Sheriff's Office **or** to have an image of my child provided to the Sheriff's Office so that it can be imported into the C.A.R.E program from existing school photographer's images.

I understand that this information can be used, without additional authorization, to locate my child if he/she is reported missing to a police agency.

- I do not want to participate in the C.A.RE. program**

Signed By:
Print Name:
Relationship to Child:
Contact Phone #

COMPLETE AND RETURN THIS FORM TO THE SCHOOL

****QUESTIONS CAN BE DIRECTED TO THE SHERIFF'S C.A.R.E. OFFICE AT:
(845) 638-5453**