



# HOLY FAMILY REGIONAL CATHOLIC SCHOOL

## CARES Program 2011-2012

Dear Parents/Guardians,

As we begin our second year at Holy Family, we are preparing for another great year for our CARES (Children Are Receiving Extended Services) Program as well. All students attending our morning and/or afternoon CARES program must be registered in advance. The CARES Registration Form follows this message. Please fill it out completely for each child and return it to Holy Family no later than Tuesday, September 6, in order to begin CARES on the first day of school. Please also include the registration fee, which is \$15.00 per child. The CARES Program will begin on Wednesday, September 7, for morning and afternoon sessions.

As always, if you have any questions or concerns, please let us know. All of us at CARES are looking forward to a wonderful year. Thank you for entrusting your child/children to us.

Sincerely,

*The Holy Family Regional Catholic School CARES Staff*

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### **CARES Hours:**

- Morning: 7:00 a.m.-8:00 a.m.
- Afternoon: 3:00 p.m.-6:00 p.m.

### **CARES Fees:**

- \$4.00 per hour for the first child, \$3.25 for the second/third child, which includes snack and juice in the afternoon. Each family will be billed monthly.

### **Half-Days:**

- CARES will be available on half-days except for the day before the Thanksgiving and Christmas holidays.
- Please send your child/children with a lunch.

### **Inclement Weather:**

- In the case of an early closing due to weather, the CARES program will be open for two hours after the early dismissal time.
- In the case of a delay/late opening, the CARES morning program will not be available.

### **Emergencies:**

- If someone other than you must pick up your child/children in the case of an emergency, please make sure you send in a note or call the school at 215-269-9600 to notify us.
- The person picking up your child will need to show a driver's license for identification purposes.

## CARES Program Registration Form

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Parent's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number(s): \_\_\_\_\_

Work Phone Number(s): \_\_\_\_\_

\_\_\_\_\_

Cell Number(s): \_\_\_\_\_

### Emergency Contacts in Case of Illness/Accident or Leaving the School Premises:

In the event of serious illness or accident, when I cannot be reached, I wish for the following to be notified by telephone. Note: These contacts MUST have proper identification for your child to be released from the center into their care.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Telephone: \_\_\_\_\_

*If I or the persons named above cannot be reached, I wish my child to be taken to the following hospital emergency room:* \_\_\_\_\_

**Special Instructions:**

Allergies: \_\_\_\_\_

Any chronic illness? \_\_\_\_\_

Parent's/Guardian's Signature(s): \_\_\_\_\_  
\_\_\_\_\_

**Please mark the days and times to the best of your knowledge that you will be using CARES.**

*Morning CARES (begins at 7:00 a.m.):*

<u>Days</u>	<u>Arrival</u>
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____

*Afternoon CARES (ends at 6:00 p.m.):*

<u>Days</u>	<u>Departure</u>
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____

*Half-Day CARES:*

My child will be attending CARES on half-days. I will pick up my child at \_\_\_\_\_.