



**St. Frances Cabrini**  
**CATHOLIC SCHOOL**  
*An Independence Mission School*

Dear Parents and Guardians,

We will be providing a CARES Program at St. Frances Cabrini School for the 2018-2019 school year that will begin on Monday, September 10, 2018 for grades PreK3-8<sup>th</sup> grade. The program provides professional care, supervision and recreation for children before and after school. It will be open before school from 7:00 AM to 7:30 AM. In the afternoon, the CARES Program will be open from dismissal until 6 PM. In the afternoon, time is set aside for homework assistance, snacks, recreation, games, and arts and crafts. Students must bring an afternoon snack each day. This program is open to all students in Pre-Kindergarten to Grade 8.

The Care Program is staffed by experienced, devoted, and caring adults. These people work together to provide the best possible care for your children.

Please note, the CARES Program fees are due in advance of attendance.

1. Cost- Afternoon CARES		2. Morning CARES (open at 7AM)	
One Child	\$10 a day/\$50 a week	Per Family	\$5 a day/\$25 a week
Two Children	\$14 a day/\$70 a week		
Three or more Children	\$18 a day/\$90 a week		
<b><u>Must be paid daily as your child/ren attends</u></b>		<b><u>Must be paid daily as your child/ren attends</u></b>	

CARES PROGRAM 2018-2019

Student Name(s) and Grade(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I would like to use the following payment option: \_\_\_\_\_ DAILY \_\_\_\_\_ WEEKLY **PRE-PAY**

My Child/Children will be attending Morning Care \_\_\_\_\_ YES \_\_\_\_\_ NO

Parent/Guardian Signature: \_\_\_\_\_

St. Frances Cabrini School  
CARES Program  
Emergency Information

Child/Children's Name: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Illness/Accident/Leaving the Premises: In the event of an apparent serious illness or accident when I cannot be reached, I wish one of the following people to be notified by telephone. They are authorized to act in my absence and they may release my child from St. Frances Cabrini CARES Program: (List name, phone number and relationship)

Name of Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Adult: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand if the adults listed above should have to come for my child, they will be asked to show photo identification.

DOCTOR'S NAME AND TELEPHONE: If anyone of the above individuals cannot be reached, I wish my child to be taken to the emergency room of the nearest hospital.

Please check your response: YES \_\_\_\_\_ NO \_\_\_\_\_

I wish one of the following doctors to be notified:

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

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

Any special instructions:

Food Allergies (Be specific if YES)

YES \_\_\_\_\_ NO \_\_\_\_\_

Parent/Guardian Contact Form (In case of an emergency)

Mother's Name: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Mother's Cell Number: \_\_\_\_\_

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

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

Father's Name: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Father's Cell Number: \_\_\_\_\_

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

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

On days when CARES is not in session (half days, or inclement weather), children will be dismissed from their classroom teachers.

St. Frances Cabrini  
CARES Program  
2018-2019

Name(s) of Child/Children

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If you chose the daily option on your registration sheet, what day/days will your child/children attend?

MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY

\*I will notify if schedule changes\*

Please remember to notify the program director if you do not wish for your child/children to attend on any day.

If we do not receive a message from you, either in writing or by telephone, your child/children will be dismissed to the after school CARES Program. Verbal communication from the children will not be accepted.

**Once a child has been signed into the After School CARES Program, a payment will be applied.**

Also, please be advised that there is **NO CREDIT** given for days paid for that your child/children did not attend.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

St. Frances Cabrini  
CARES Program  
Release Authorization Form  
2018-2019

Name of Child/Children: \_\_\_\_\_

The Following individuals are authorized to pick up my child from the After School CARES Program. It is the parent's/guardian's responsibility to keep this list up to date. Children will not be released to any person who does not show valid photo identification. It is imperative that all adults (parents included) have a photo ID available at all times.

**(No one under the age of 16 may pick up a child. No Child is permitted to sign themselves out of the program) Please include parent's names on the authorized pick-up form.**

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_
3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_
4. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_
5. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_
6. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_
7. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_
8. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_
9. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_
10. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

I understand that for the protection of my child/ren, permission will not be given for the child/ren to leave the program with anyone not included on this list. It is my responsibility as the parent/guardian to notify the staff in writing of any deletions or additions to this list.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

St. Frances Cabrini School  
405 N. 65<sup>th</sup> Street  
Philadelphia, PA 19151  
CARES Program  
(215) 748-2994

I \_\_\_\_\_ have read and understand all rules and regulations in regards to the CARES Program at St. Frances Cabrini School. By signing below, I acknowledge that my child will be in compliance with all rules set forth in the outlined guide, and also understand that my child's participation in this program may be terminated at any time due to failure to follow rules and regulations that have been set forth for the safety of all attending the program. I also understand that my child must be picked up each night no later than 6:00 PM. Failure to adhere to this closing time on two (2) occasions during the school year will lead to the termination of my child's participation in the CARES Program at St. Frances Cabrini School.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

St. Frances Cabrini School  
405 N. 65<sup>th</sup> Street  
Philadelphia, PA 19151  
CARES Program  
(215) 748-2994

I \_\_\_\_\_ have read and understand all financial obligations in regards to the CARES Program at St. Frances Cabrini Independence Mission School. By signing below, I acknowledge that I will be in compliance with all financial obligations due to the CARES Program at St. Frances Cabrini School which are outlined in the rules and regulation guide, and also understand that my child's participation in this program may be terminated at any time due to failure to comply with the financial rules that have been set forth for the adequate operation of the CARES Program. I also understand that my child's account must remain current at all times. Failure to adhere to this rule and/or delinquent accounts will result in a suspension from the CARES Program. A child receiving a financial suspension on three (3) occasions during the school year will result in the termination of my child's participation in the CARES Program at St. Frances Cabrini School.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

St. Frances Cabrini School  
405 N. 65<sup>th</sup> Street  
Philadelphia, PA 19151  
CARES Program (215) 748-2994

I \_\_\_\_\_ understand that the CARES Program at St. Frances Cabrini Independence Mission School ends at 6:00 PM each night. I understand that a late fee of \$10 will be charged beginning at 6:01 PM for the first 15 minutes and \$1 charge added every minute after 6:15 PM, and that two (2) late pick-ups will result in my child being dismissed from the CARES Program.

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

Date: \_\_\_\_\_