

After-school CARES 3:00 - 4:30 (Strict pick-up time)	\$10.00 per day for first child/\$50.00 a week \$8.00 per day for second/third child Drop in rate: \$11.00 per day \$10.00 per day for second/third child
Half Days (available on occasion)	\$25.00 per day for one child \$40.00 per family (2 or more children)

Late fee - \$1.00 for every minute after 6:00 PM

****Billing - NO bills will be sent.** Parents are responsible for checking the balance each week. All payments must be made by Monday of the following week service unless arrangements have been made with Ms. Mealia.

Delinquent Payment Fee – a \$10.00 fee for every week payment is late may be charged

CARES is only offered on days school is in session and will be offered on early dismissal days if there are enough children registered.

Registrations are accepted throughout the year. You may send your registration into school, drop it off at the office during business hours, or mail it.

If you have questions about the program, please contact me. I will be happy to answer any questions you may have. You may use the school website to contact me with your questions. Please direct all written correspondence to Ms. Mealia/CARES Director; Room 101. Thank you!

Yours truly,


Ms. Maureen Mealia

St. Joseph/St. Robert School
CARES Program
Registration/Emergency Form 2019-2020

Child's Name _____ Birthdate _____
Grade _____

Child's Name _____ Birthdate _____
Grade _____

Address _____ Home Phone _____

Mother's Name _____ Father's Name _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

e-mail _____ e-mail _____

Emergency Contact #1 _____ Relationship _____

Home Phone _____ Cell Phone _____

Emergency Contact #2 _____ Relationship _____

Home Phone _____ Cell Phone _____

Child's Physician _____ Phone _____

List all allergies and medical conditions:

Authorization for Pick-Up

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Please circle or complete all that apply:

My child/children will regularly attend CARES on these days:

M T W Th F

AM Cares PM Cares Early PM Pickup Both AM and PM Cares $\frac{1}{2}$ Days

My family CARES schedule is: _____

Drop in Registration:

My child/children will attend CARES on a Drop in basis.

Occasionally my family may need CARES on these days:

M T W Th F

AM Cares PM Cares Early PM Pickup Both AM and PM Cares $\frac{1}{2}$ Days

I have read the fee schedule and agree to make my payments weekly. I know there will be a late fee charged if I am late picking up my child/children. I know I could be charged a Delinquent Payment Fee of \$10.00 for every week payment is late.

Signature of parent or guardian _____

\$35.00 Registration Fee

Date Paid: _____

Check #: _____

Received by: _____