



ST. JOSEPH/ST. ROBERT SCHOOL  
FOCUSED ON FAITH AND LEARNING

August 17, 2026

Dear Parents/Guardians,

St. Joseph/St. Robert School offers a CARES (Children Are Receiving Extended Services) Program, which offers before and after school care for all children enrolled at St. Joseph/St. Robert School.

Our CARES program is self-supporting. We offer reasonable fees, with discounts for families with more than one child. We have both full-time and part-time experienced staff who engage with your children in an environment where respect and patience with others is encouraged and expected.

CARES opens at 7:00 a.m. until the beginning of school and from 3:00-6:00 p.m. on days that school is in session. We offer services on certain half-days as well. We will strive to help meet the needs of your family. You have the choice to register for specific days and times, and will be billed accordingly. We require all families who are using CARES to register at the beginning of the school year or as soon as it is determined that you need to utilize the CARES program.

All billing and payments for CARES are handled through your established FACTS Tuition accounts. Families are billed in FACTS on a monthly basis. We do not accept payments at school, except for the initial registration fee which is \$35 per family.

If you are interested in enrolling your child or children in CARES, please complete the registration form and return it with a \$35 check/cash. All checks for registration should be payable to St. Joseph/ St. Robert School.

**Please see the attached fee schedule for the 2026-2027 school year.**

If you have any questions on CARES or the fees or billing, please contact either one of us. We look forward to a safe and productive year with our CARES program!

Sincerely,

Mrs. Dorothy Aschenbrenner, Business Manager

Mrs. Jennifer Durkin, Principal

## St. Joseph/St. Robert School CARES FEE SCHEDULE 2026-2027

Before-school CARES: Opens at 7:00 A.M.      \$15.00 per day for first child  
\$10.00 per day for second/third child

After-school CARES: 3:00 – 6:00 P.M. \$20.00 per day for first child  
\$16.00 per day for second/third child

**Late fee - \$5.00 for every minute after 6:00 PM**

After-school CARES: 3:00 - 4:30 P.M. \$12.00 per day for first child  
\$10.00 per day for second/third child

Half Days (availability will be announced)

12:00 – 6:00 P.M.      \$40.00 per day for one child  
\$60.00 total per day (2 or more children)

12:00 - 3:00 P.M.      \$25.00 per day for one child  
\$35.00 total per day (2 or more children)

**\*\*BILLING AND PAYMENTS WILL BE THROUGH FACTS. NO PAYMENTS ACCEPTED AT SCHOOL.**

**SJR CARES Registration/Emergency Form**

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

Number of Children for CARES: \_\_\_\_\_

**Please check the days care is requested:**

Mornings: \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Afternoons:

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Approximate pick up time from Afternoon CARES: \_\_\_\_\_

**Student Information**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Special Medical Information: \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Special Medical Information: \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Special Medical Information: \_\_\_\_\_

**Parent/Guardian Information**

|                            |                            |
|----------------------------|----------------------------|
| Mother: _____              | Father _____               |
| Place of Employment: _____ | Place of Employment: _____ |
| Cell Phone _____           | Cell Phone _____           |
| Work Phone _____           | Work Phone _____           |
| E-mail _____               | E-mail _____               |

**Emergency Contacts**

|             |                    |              |
|-------------|--------------------|--------------|
| Name: _____ | Relationship _____ | Phone: _____ |
| Name: _____ | Relationship _____ | Phone: _____ |

**Authorization for Pick-Up**

In addition to the above named, the following adults may pick up my child(ren) from the CARES program:

|             |                    |              |
|-------------|--------------------|--------------|
| Name: _____ | Relationship _____ | Phone: _____ |
| Name: _____ | Relationship _____ | Phone: _____ |

I agree to abide by the policies and guidelines of SJR School CARES program and any additional regulations. I will make my payment by check or cash \_\_\_\_\_ weekly or \_\_\_\_\_ monthly. I know there may be a late fee charged if I am late picking up my child/dren. I know I could be charged a Delinquent Payment Fee of \$10.00 for late payments.

Signature of parent or guardian \_\_\_\_\_ Date: \_\_\_\_\_

\$35.00 Registration Fee    Date Paid: \_\_\_\_\_    Check #: \_\_\_\_\_    Received by: \_\_\_\_\_