



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 2021-2022 school year that will begin on Monday, September 13, 2021, for grades PreK3-8th 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 7:35 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. **There will be a \$15.00 registration fee required before students begin CARES.**

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	\$7 a day/\$35 a week
Two Children	\$14 a day/\$70 a week		
Three or more Children	\$18 a day/\$90 a week		
<u>Must be paid daily as your child/ren attends</u>		<u>Must be paid daily as your child/ren attends</u>	

CARES PROGRAM 2021-2022

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
2021-2022

Name(s) of Child/Children

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
2021-2022

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. 65th Street
Philadelphia, PA 19151
CARES Program
(215) 748-2994

I _____ have read and understand all rules and regulations in regard 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 a trimester 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. 65th Street
Philadelphia, PA 19151
CARES Program
(215) 748-2994

I _____ have read and understand all financial obligations in regard 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. 65th 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 in one trimester will result in my child being dismissed from the CARES Program.

Parent/Guardian's Signature: _____

Date: _____