

# CARES Registration

## Children Are Receiving Extended Services

Please complete the following to register for our before and after care program.

Child(ren) name \_\_\_\_\_

Mother/Father/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_

Mom's Cell \_\_\_\_\_

Dad's Cell \_\_\_\_\_

REGISTRATION FEE OF \$35 DUE WITH APPLICATION

My child/children will attend the C.A.R.E.S. program and use the hourly rate \$10.00/hour  
one child \$17.00/hour two children \$23.00/hour three children

My child/children will attend C.A.R.E.S full time (excluding morning C.A.R.E.S) \$110.00 one  
child/week \$175.00 two children/week \$210.00 three children/week

I understand that payment is due weekly, unless arrangements are made in advance with CARES Director. I understand that the C.A.R.E.S program will not be available on snow days or early dismissal due to inclement weather or emergencies. If the CARES program needs to be cancelled for any reason you will be notified ASAP via email and weekly updates. There will be NO MORNING C.A.R.E.S in the event of a delayed opening. I understand that CASH for late arrival MUST be paid at the time of pick up.

Parent Signature \_\_\_\_\_

## CARES PARENT/GUARDIAN CONTACT INFORMATION

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

Email: \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

FATHER'S NAME/LEGAL GUARDIAN NAME: \_\_\_\_\_

Email: \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

### EMERGENCY CONTACT PERSONS:

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PERSON(S) TO WHOM THE CHILD MAY BE RELEASED: (PLEASE PROVIDE FULL NAME)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

HEALTH INFORMATION NAME OF CHILD:

ALLERGIES/MEDICAL CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

## **CARES General Information**

### **CONTACT INFORMATION FOR CARES:**

Mrs. Perry: 610-368-8278 mperry@mpregional.org

Miss Amanda: 610-637-0234 asmith@mpregional.org

**CARES LOCATION:** Morning and afternoon CARES is held in the "Primary Unit." **CARES HOURS:** Morning CARES is from 7:00AM to 8:00 AM. The children will be walked over to the main building and line up with the other children by 8:05. After school CARES is from 3:00 PM -5:45 PM Monday thru Thursday. **FRIDAY CARES** ends at 5:30. **AM ARRIVAL:** Parents are required to bring their child(ren) into the Primary Unit for morning CARES each day. **PM PICK UP:** Parents will pick up their child(ren) in the Primary Unit or at the school playground each day. Adults ONLY on the Release Forms will be permitted to pick up child(ren). If an Adult other than a parent is picking up a child, even if they are on the release form they WILL be asked for identification. At drop off and pick up times, please be aware that the staff is responsible for watching the children at CARES. If you need to have a discussion with one of the staff members, please make an appointment. If an emergency situation arises that prevents you from picking your child(ren) up by 5:45pm, 5:30 on Friday, please contact a CARES staff member (contact information above) as soon as possible. A late fee of \$1 per minute /per child will be charged if a child is not picked up by closing. This fee MUST be paid in CASH directly to the staff member(s) who stayed with your child(ren) at the time of pick-up. This will NOT be added to your CARES bill. There will be NO exceptions and this policy will be reinforced from the 1st day of CARES. Those who are frequently late picking up may be denied the use of the CARES program. **SNACK:** Children will be given a snack and drink each day at 3:00. No additional snacks will be given during CARES. For those children with allergies a snack will be provided as well.

**INCLEMENT WEATHER POLICY:** When Mother of Providence School is closed due to inclement weather CARES will be cancelled as well. If there is an early dismissal due to inclement weather or emergency situation CARES will also be cancelled.