

**CARES APPLICATION FORM**  
**2025-2026 SCHOOL YEAR**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

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

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDITIONAL PARENT PHONE NUMBERS WHERE YOU CAN BE REACHED DURING CARES HOURS:

1). \_\_\_\_\_ 2). \_\_\_\_\_

**COST FOR PROGRAM:     \$15.00/PER HOUR FOR ONE CHILD     \$17.00/PER HOUR TWO OR MORE CHILDREN**

PLEASE CHECK THE PROGRAM YOU WILL BE USING:

\_\_\_\_\_ AM CARES 7:00 – 8:00     \_\_\_\_\_ PM CARES 2:30-6:00     \_\_\_\_\_ K-8 PM CARES 3:00 – 6:00

**STUDENT EMERGENCY INFORMATION:**

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Allergies: \_\_\_\_\_

**HOMEWORK OPTION: - PLEASE CHECK ONE**

Homework completed at CARES

\_\_\_\_\_

Homework completed at home

\_\_\_\_\_

My child/children may be released to the above listed emergency contacts.     \_\_\_\_\_ Yes     \_\_\_\_\_ No

My child/children have permission to walk to Merwood Park during CARES.     \_\_\_\_\_ Yes     \_\_\_\_\_ No

**MEDICAL INFORMATION**

My child has the following medication condition/s that all staff should be aware of in the event of an incident:

\_\_\_\_\_  
\_\_\_\_\_

**SNOW EMERGENCY CLOSING INFORMATION**

If school is closed, there will be NO CARES.

If school is dismissed early, parents will be notified of operational hours for the remainder of the day.

If there is a two hour delay, there will be NO AM CARES.

My signature indicates that I have read and understand the CARES Handbook and give approval, as noted, for the cares of my child/children.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REGISTRATION FEE: \$25.00/ONE CHID \$35.00/TWO OR MORE CHILDREN

\*Your child will not be guaranteed a spot in CARES if this form is not received by 6/30/2025.

Options for Payment

Authorization to take registration fee out of my FACTS account (if on the monthly option plan in FACTS)

\_\_\_\_\_  
Signature Amount: \_\_\_\_\_

Venmo: @Cardinal John Foley-school \_\_\_\_\_ Please submit by 6.30.2025

Check enclosed: \_\_\_\_\_

\*With FACTS or Venmo option application form can be emailed to: [dleonard@cjfschool.org](mailto:dleonard@cjfschool.org)

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**DUE TO THE REGULATIONS OF THE STARS PROGRAM, TWO ADDITIONAL FORM ARE REQUIRED.**

Emergency Contact/Parental Consent Form - must be completed for each child that is registering for CARES.

- Every section must be completed in its entirety. If a particular box does not pertain to your child, you must write N/A.
- Please note your signature is required in four places on the bottom of the form – the three starred boxes and the first signature line.
- You will be asked to review and/or update this form every six months and an additional signature on the second line will be needed at that time.

Child Health Report

This form must be from your child's most recent well visit. If your child's well-visit is scheduled between now and September, you may wait to turn in this form at a later date, but please note that your child/children will not be able to attend the CARES program without this form completed by your physician.