CARES APPLICATION FORM
2026-2027 SCHOOL YEAR

Family Last Name: _____

Child #1 First Name: _____ Grade: _____

Child #2 First Name: _____ Grade: _____

Child #3 First Name: _____ Grade: _____

Child #4 First Name: _____ Grade: _____

Address: _____

_____

Father's Name: _____ Cell #: _____

Mother's Name: _____ Cell #: _____

COST FOR PROGRAM: $15.00/PER HOUR FOR ONE CHILD
$18.00/PER HOUR TWO OR MORE CHILDREN

Please check the CARES program(s) your family will use this school year:

_____ AM CARES 7:00 am – 8:00 am

_____ PS – PK PM CARES 2:30 pm - 6:00 pm

_____ K-8 PM CARES 3:00 pm – 6:00 pm

HOMEWORK OPTION: - PLEASE CHECK ONE

Homework completed at CARES _____

Homework completed at home _____

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 CJF School Family Handbook as it applies to the care of my child/children at before and/or after CARES.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Due to the CARES program falling under the regulations of DHS, these two forms are required in addition to this application.

Emergency Contact/Parental Consent Form (if you completed this for PS or PK, you do NOT need to submit again)

- must be completed for each child that is registering for CARES
- every block must be completed
- if any information requested on the form is not applicable, please write "N/A" in that block
- in the case of an emergency, parents will be contacted first; we ask for alternate contacts in case a parent is not available to pick up and an emergent need to do so arises during CARES time.

Child Health Assessment (if you completed this for PS or PK, you do NOT need to submit again)

- must be completed for each child that is registering for CARES
- the well visit needs to have taken place within the past year (after June 2026)
- every block must be completed
- the child's most up-to-date immunization record must be included; you can access and print the immunization record from your child's health portal and write 'see attached' on the part of the form where the immunizations are listed

REGISTRATION FEE: $30.00/ONE CHID $40.00/TWO OR MORE CHILDREN
*Your child will not be guaranteed a spot in CARES if this form is not received by 8/1/2026.

Options for Payment of Registration Fee

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

_____ Amount: _____
Signature

2 - Venmo: @Cardinal John Foley-school _____ Please submit by 8/1/2026

3 - Check enclosed: _____

*With FACTS or Venmo option the application, emergency contact form (for each child), and health assessment (for each child) can be emailed to: dleonard@cjfschool.org