



Our Lady of Good Counsel Catholic School

611 Knowles Ave ∞ Southampton, Pennsylvania 18966

215-357-1300 ∞ www.school.olgc.org

CARES REGISTRATION: 2023-2024 School Year

Family Name: _____

Please complete the following schedule below for your child(ren) checking the days needed.

AM CARES (7:00 AM to 7:45 AM)

_____ AM MONDAY
_____ AM TUESDAY
_____ AM WEDNESDAY
_____ AM THURSDAY
_____ AM FRIDAY

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Days child(ren) will be enrolled:

_____ 5 days per week

_____ Part-time: If so, please list days: _____

Estimated Drop-off Time: _____

PM CARES (2:30 PM to 6:00 PM)

_____ PM MONDAY
_____ PM TUESDAY
_____ PM WEDNESDAY
_____ PM THURSDAY
_____ PM FRIDAY

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Days child(ren) will be enrolled:

_____ 5 days per week

_____ Part-time: If so, please list days: _____

Estimated Pick-up Time: _____

EMERGENCY CONTACT

#1 Name: _____

Address: _____

City: _____ Zip: _____

Home: (_____)_____-_____- Work: (_____)_____-_____-

Cell: (_____)_____-_____-

#2 Name: _____

Address: _____

City: _____ Zip: _____

Home: (_____)_____-_____- Work: (_____)_____-_____-

Cell: (_____)_____-_____-

APPROVED PICK-UP NAMES

#1: _____ (signature)

#2: _____ (signature)

#3: _____ (signature)

#4: _____ (signature)

#5: _____ (signature)

REGISTRATION FEE

\$50.00 per family per year

Please select one of the following payment plans:

Hourly_____ **OR** **Monthly**_____

Parent Signature: _____ Date: _____